MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CEDTIFICATE OF DEATH

2 1 3

			CERTIFICA	TE OF DEA	rin	-	Reg. D	iat. No	
City or town	hington Springs tside etty or town li t death?	mits, write R years death occurred		State Maryla	and g Sprin putside city or to Pool 1	Count	write RURAL OCATION) 3. (b), Seci	hingt	rest town)
4. Sex	Hammett 5. Color or race		, married, widowed, or divorced	H .	MEDIC	AT CEI	1 4	111	
Male	White		arried	2D. DATE OF DEATH			RTIFICA 945		4.30 P
6.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.)		izabet irt 18) It allire, give age36	21. I CERTIFY that dea	1 10	t9	1-, to	rely	16 19 45
8. AGE: Years	Mooths	Days	If less than one day	C. A.				aciona	7/1/4/4
38	5	26	hrs	in.		(/			
19. Usual occupation tt. Industry or business	Farme	r		Due to.	ente e	A. Sold Rode	444	J	1110/21
		THE RESERVE OF THE PARTY OF THE		Dther conditions				• • • • • • • • • • • • • • • • • • • •	
13. Birthplace C.	lear Spi	ings		(Inch			nthe of death		
## 14. Malden name	Maria	Flora							
15. Birthalace	Clear	Spri	ngs Md.	Major findings of ope					
		-	keney						
	Big Spri			PHYSICIAN: Please					
Address 17. Buria. (Burial, cremation, of		Date there	7/19/45 (month) (day) (year)	22, VIOLENCE: If de					
Cemetery or crematory	Rose F		emetery	Where did injury occur	(City o	or town)	(Cou	nty)	(State)
Location	Clear S	bring	s Md						
11			ffman	Means of Injury			lojured	at work?	
	Hageı			•••	HAR.	1 +	7- 1	00	MA
Jaly ()	7		flew. Men oxer Registr	23. SIGNATURE	bw u) as	husto	M. D. o	-11-7/11/1

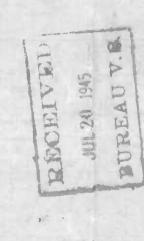
VS A15

WRITE

PLEASE

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contest age is especially important. Physicians: please write the causes of death clearly and legibly.

ARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Date signed 7/3= 4

OZMINION:	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
George L. Ardinger	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE DE DEATH. JULY 3 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wife Alta C. Ardinger 6.(c) If alive, give age 63 7. Birth date of deceased (mo., day, yr.) February 27, 1882	21. I CERTIFY that death occurred on the date above stated; that Mattended deceased from 19.54.5
8. AGE: Years Months Days If less than one day	Immediate cause of death
63 4 6hrsmin.	auth ermany
9. Birthplace Marlowe, West Virginia (Town, county, and state) 10. Usuat occupation Boilermaker	Due to.
11. Industry or business W.M. Railroad	Due to
E 12. Name Charles A. Ardinger E 13. Birthplace Williamsport, Maryland	Dther conditions
14. Malden name Eliza Lemen 15. Birthplace Williamsport, Maryland 16. Informant Mrs. George L. Ardinger	(Include pregnancy within 3 months of death) Major fisdings of operations
16. Intermant Mrs. George L. Ardinger	Date of op.
Address Hagerstown, Maryland	Astopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof (month) (day) (year) Cemetery or crematory Rest Haven Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Hagerstown, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director C. M. Suter & Sons	Maans of Injury Injured at work?
Address/ Hagerstown, Maryland	Multiple and MI
19. July 5, 19 45 Ekas Horson Registrar	Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Laymon

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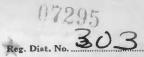
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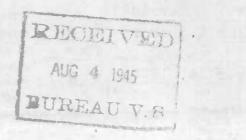
MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH



			02111110111		Reg. Diac. No	***************************************
1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE (HOME) OF (For newhorn infants give residence of m	DECEASED:	
County	Washi	ington	1			
City or fown Hag	erstown	Rout	9 2 URAL and give nearest town) thS	State Maryland County Allegheny Cumberland		
How long in chose sizes	of death?	mon'	ths	(If outside city or town limits,	write RURAL and give ner	arest town)
Hospital, Institution, or	street address where d	eath occurred	•	Street No. 16 Arch Stree	t	
Gateway	Nursing	ma.		(If rural, give l	LOCATION)	
How long in hospital or	Institution?	L1	week	2.(a) If veteran, name war		*************
3. (a) FULL NAME	E				3. (b) Social Security	Number
	Emma	М. В	aker			
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	M	arried	20, DATE OF DEATH July 18, 19	945	at 3 P. M
2 0120120			Baker	21. I CERTIFY that death occurred on the date abov		
6.(b) Name of husband				June 12 1945 19		
7. Birth date of		6.(c) If alive, give age	and that I last saw h er alive on July		
deceased (mo., day, y	m.) Novembe	r 14,	1875	Immediate cause of death		
8. AGE: Years	Months	Days	If less than one day	Acute pulmonary edema		
69	8	4	hrsmin.			
9. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state)			. Co. Md.	Due to Chronic congestive failure	myocardial	5 yrs.
1D. Usual occupation	House	wife	***************************************	B - 1-	***************************************	
11. Industry or busines				Due 10	••••••	***************************************
	amuel H.	Switz	er	Diher conditions Chronic endoca:	rõitis	Indef
	shington					
E 13. Birtiplace	Mary J.	Lawr	ence	(Include pregnancy within 3 m		
14. Malden name.	[::++] ecto	wn F	Φ -	Major findings of operations		•••••
≥ 15. Birthplace	Mary J. Littlesto	WITT, I	7.60		Date of op	
16, Informant	ra. mary	0. 110		Autopsy results	th death should be showed	atatistica Rv
Address Ha	gerstown,	Mary	land			statustany.
. Buria	1	Data there	7_21_45	22, VIOLENCE: If death was due to external cause		
(Burial, cremation	, or removal. Which?)	Date men	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremato	Rose Hi	TT CE	metery	Where did injury occur?(City or town)	(County)	(State)
Hag	erstown.	Mary]	and	Injured at home, farm, Industry, public place (wh	ere?)	
Coodion	c. M. Sut	er &	Sons	Meens of Injury	Injured at work?	
	gerstown,			301	'0	
Address 110	gor Boomin,		2 1 1.1	23. SIGNATURE DIST	es M/D.	my)!
19 July 2	1, 1945	V.Q.	toel a	148 W. Washington	n C+	7/20/15
Date rec'd by re	gistrar)	1	Registrar	Address	Date signed	



2411 N. Charles St., Baltimore 87-2



CERTIFICA	IE OF DEATH Reg. Dist. Nu
1. PLACE OF DEATH: County and County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Hagerstown, Maryland City or fown (1f outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life	State Waryland - Washington
(If outside city or town limits, write RURAL and give nearest town)	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Washington County Hospital	Street No. 3 East Antietam Street
How long in hospital or institution? 6 days	(If rurai, give LOCATION)
	2.(a) If veteran, name war
3.(a) FULL NAME William E. Beachley	3. (b) Social Security Number
4. Sex 5. Color or race 6.(u)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	MEDICAL CERTIFICATION
	20. DATE OF DEATH
6.(b) Name of husband or wife. Ina Beachley	21. I CERTIFY that leath occurred on the date above stated, that I attended diceased from
7. Birth date of	19 10 11
deceased (mo., day, yr.) August 15, 1869	and that I last saw h
8. AGE: Years Months Days If less than one day	Insertate cause of death Selection DURATION
75 10 23hrs. min.	
9. Birthplace Funkstown Wash Co. Md. (Towu, county, and state)	Due 10
10. Usual occupation Dentist	Due to
11. Industry or business	
12. Hame J. Henson Beachley	Other conditions everal Culture 547
Henson Beachley 13. Birthplace Middletown, Fred. Co. Md.	
14. Malden pame Anna Knode	(Include pregnancy within 3 months of death)
5 Richard Funkstown Maryland	Major findings of operations.
14. Malden name Anna Knode 15. Birthplace Funkstown, Maryland 16. Informant Mrs. William E. Beachley	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hagerstown, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial (Burial, cremation, or removal, Which?) [Burial, cremation, or removal, Which?] [Burial, cremation, or removal, Which?]	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Mausoleum	Whore did injury occur? (City or town) (County) (State)
Location Hagerstown, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director C. M. Suter & Sons	Means of Injury Infered at work?
Address Hagerstown, Maryland	d/s. Leucle

Chost Bowers

Registrar

VS A15

PLEASE WRITE

(Date rec'd by registrar)

FOR BINDING

RESERVED

MARGIN







PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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leg. Diat.	No.	20	سے

1. PLACE OF DEATH: County ASNIngton City or fown. Ha gerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital Institution or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md. State: Taken and the county washing ton County Hagers town City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If cural, give LOCATION) None		
Hospital Institution or street address where death occurred:	None		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Mary M. Bell	3. (b) Social Security Number None		
Female S. Color or race 6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION July 5 45 1:30a		
6.(6) Name of husband or wife William H. Bell 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) March 18, 1862	21. I CERTIFY that death occurred on the date above stated: that Latended deceased from 19 4 5 and that I last saw h 2 2 alive on 19 4 5		
8. AGE: Years Months Days If less than one day 3 17 hrsmia.	Immediate cause of death Chronic Eudocaste 4: 131 anterio sclaros s		
9. BirthplaceNear Clearspring Wash. Md. (Town, county, and state) 10. Usual occupation. None 11. Industry or business None 12. Name. David Long 13. Birthplace Unknown 14. Maiden name. II	Due to		
15. Birthplace 16. Informant Mr. Donald T. Bell Address Hagerstown Md.	Major findings of operations		
Burial (Burial, cremation, or removal, Which?) Cometery or assemator. Williamsport Md.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
18. Funeral director Scott F. Minnich & Son Address, Hagerstow Md. 19. July 5, 19 45 Bloght Sowers (Bate rec'd by registrar) Registrar	Mesns of Injury Injured at work? 23. SIGNATURE M. D. or other Address		



Dr. S. Earl Young 42 MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (917) CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) State Maryland Washington Hagerstown Hagerstown
(If outside city or town limits, write RURAL and give nesrest town) (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: 836 West Washington St. 836 West Washington St. (If rural, give LOCATION) None How long in hospital or institution?... None 3. (b) Social Security Number 705-10-6822 Preston Winfield Berger 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20, DATE OF DEATH July 26 1945 19 at 10,3Q White Married 21. I CERTIFY that death occurred on the date above stated; that tallended deceased from Rubie Miller B.(c) If alive, give age 28 1901 Days If less than one day 28hrs. Reid Wash. Co. Md. (Town, county, and state) Machinist W.M.R.R. Emanuel Berger Reid Md. (Include pregnancy within 3 mouths of death) Mintie Hershey Major findings of operations Zullinger Pa. Mrs. Rubie M. Berger PHYSICIAN: Please underline the cause to which death should be charged statistically. Hagerstownn Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof. 7/29/45 (month) (day) (year) 17 Burial (Burial, cremation, or removal, Which?) Accident, suicide, or homicide,..... Where did injury occur?(City or town) Cometery or cremalory Rest Haven Cemetery Hagerstown Md. Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury Andrew K. Coffman Hagerstown Md. 23. SIGNATURE M.D. or other

clearl information of death clea FOR BINDING MARGIN RESERVED ADING INK. Physicians: pl important. PLEASE

1. PLACE OF DEATH: County Washington

How long in above place of death?

5. Color or race

3. (a) FULL NAME

Male

deceased (mo., day, yr.)

10. Usual occupation...

11. Industry or business

12. Name.....

14. Malden name.....

18. Funeral director......

(Date rec'd by registrar)

13. Birthplace

15. Birthplace

t6. Informant

Address

Address

7. Birth date of

8. AGE:

6.(b) Name of husband or wife......

Years

44



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

07299

CERTIFICATE OF DEATH

A				20	2
	Reg.	Dist.	No.	~	2

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give recidence of mother) Slate		
3.(a) FULL NAME Baby Boy Brown	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Single 6.(b) Mame of husband or wife	MEDICAL CERTIFICATION July 27 1945 1945 1945 1945 1945 1945 1945 1945		
7. Birth date of deceased (mo., day, yr.) July 26, 1945	"" "-1 00 1045		
8. AGE: Years Months Bays if test than one day 1 hrs. m 9. Birthplace Hagerstown, Md (Town, county, and state) 10. Usual occupation None 11. Industry or business 12. Name Charles Edward Kauffman 13. Birthplace Leitersburg Md. 14. Maiden name Beulah Jane Brown 15. Birthplace Leitersburg, Md	Premature birth (7 months gestation) Bue to Premature rupture of membranes		
16. Informant Boulah Jane Brown Address Leitersburg, Md 17. Burial Bate thereof July 28, 1945 (Burial, cremation, or removal, Which?) Cemetery or crematory Belvue Hagerstown 18. Funeral director Fred W. Kraiss. Address Hagerstown 18. Olate receiver registers. 19. 4.5 Chastilogueses. 19. 4.5 Chastilogueses. 19. 4.5 Chastilogueses.	Autopsy results. NONO. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide		





VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

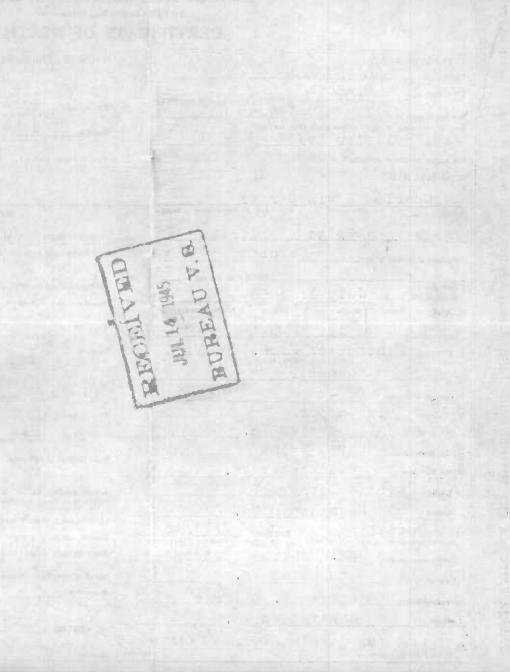
2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

(1731) 130 Reg. Dist. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COUNTY OF THE PROPERTY OF THE	State Wangland county Washington
City or town	
How long in above place of death?	(If outside city or team limits, write RURAL and give nearest town)
Hospital, institution, or streef address where death occurred:	Street No. R# / (Vaven Neights
Washington County Hospital	(If rural, give LOCATION)
How long in hospital or insiliution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George neondais and	W
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white wedowed	20. DATE OF DEATH. July 19 19.45 at 1295 P.M
Viagunia C	21. I CERTIFY that death occurred on the late above stated; that Lattended deceased from
6.(b) Name of husband or wife	1945 10 10 1945
7. Birth date of years	and that flast saw h and alive on Suc 19 1942
deceased (mo., day, yr.) 3 et 8, 1864	Immediate causerof death
8. AGE: Years Months Days If less than one day	Tarmas Procedes primara 10ay
81 6 11hrsmin.	
9. Birthplace O Stown, allegancy Co. Mid	Due to Chrome Mysearch 17.
10. Usual occupation Museum Mostor	Due to Hy partirolos pinte 10 gr
11. Industry or business	
12. Name W. Carder Vergues	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Jules A. Merely 15. Birthplace Verguia	Major findings of operations
≥ 15. Birthplace	Date of op.
18. Informant Colent C. Carder	Antopsy results.
Address Pto Hogerstown, rul.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial must July 21 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, euicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Cumbuland Md	Injured at home, farm, Industry, public place (where?)
Frank Stine	Msans of Injury Injured at work?
18. Funeral director	1)
Address Children Address	23. SIGNATURE
19. That rect by receiving 19 4 5 Chast Bowers	Address Sections WS Bate elened 1/19/45





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-0

CERTIFICATE OF DEATH

g. Dist. No. 30

	Reg. Dist. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Rehington City or town (It ourside city or town limits, write hours and give hearest town) How long in above place of death?	State Maryland county Washington Williamsport (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No. 203 Artizan (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Martha Elizebeth Castle 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	그 그 아이는 그 내용하다를 잃는다면 하고 있다면 나를 보다.	
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced Female white marrwidowed	MEDICAL CERTIFICATION	
	20. DATE OF DEATH 19.7. at 19.7. N	
8.(b) Name of husband or wife Charles Castle	21. I CERTIFY that death occurred on the date above stated: that altended doceased from	
7. Birth date of deceased (mo., day, yr.) July 30 1864	and that I last sawn A alive on 1945	
8. AGE: Years Months Days It less than one day	Immediate cause of death Wellia 2 710	
80 11 3	Due to theri as clighic Gardine	
9. Birthplace		
10, Usual occupation	Casarlan Reval Disease Vys.	
11. Industry or business Home	Due to.	
12. Name John Miller 13. Birthplace Md	Other conditions Aoul	
14. Maiden name Ellen Bridendolph 15. Birthplace Md	(Include pregnancy within 3 months of death) Major findings of operations	
≥ 15. Birthplace Md	Date of op.	
16. taformant Frank Castle Address Williamsport Md	Antopsy results	
Burial Date thereof July 6 1945 (Burial, cremation, or removal. Which?)	22. VIGLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	
Location	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	
18. Funeral director	Wall	
Address Williamsport Md & Ch. 08/	23. SIGNATURE DOLLAR M. D. or other	
19. July College 19 45 Hro 6 Kee Micoll Registrar	M. D. or other M. D. or other Date signed 7/5/65	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and let

PLEASE

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1

CERTIFICATE OF DEATH

4		70	-
1	Reg. Dist. No.	250	
-	Reg Dist No	-	

07304

			Reg. Dist. No.		
1. PLACE OF DE		hington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County		hington			
City or town	outside city or town l	CISTOWN imits, write RURAL and give nearest town)	state Maryland county Washington		
		and give hearest town)	City or town(If outside city or town limits, write RURAL and give nearest town)		
	r street address where		Wood Point		
			Sireet No. Wood Point (If rural, give LOCATION)		
How long in hospital o	or Institution?		(If Furni, give LOCATION)		
3. (a) FULL NAM	IE .		2 (b) 6 16 N. 1		
		ora child of Lewis	W. Colbert 3.(b) Social Security Number		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	Single	20. DATE OF DEATH. July 16 19 45 - 21 12 - 14		
6.(b) Name of husband	l or wife		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
		E (a) 14 olive clue and	Meley 6 9 19 4 2 , 10 July 1 6 19 4 2		
7. Birth date of	T., 1.		and that I last saw harman see See And I feel 19 4 3		
deceased (mo., day,	yr.) JUI	y 10, 1945	Immediate cause of death		
8. AGE: Year	s Months	Days If less than one day			
Bonn slive .	Still B	OITI Ohrs. Sin	nin. Remaker Buch as 650		
	Hararet				
9. Birthplace		connty, and state)	Due to		
			Juent -		
ID. Usual occupation.		***************************************	Due to Didnot armer until 30 minus		
11. Industry or busines			_ ash with - Baby heathed		
置 12. Name	Lewis	W. Colbert	Other conditions Occh time according to		
13. Birthplace	Elkin	s, W. Va.			
			(Include pregnancy within 3 months of death)		
14. Malden name.	cathe	rine V. Hutzell	Major fisdings of operations.		
14. Malden name. 15. Birthplace	Maryl	and	Date of op.		
16. Informant	Lewis	W. Colbert			
Address	Hager	stown,	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
P	Burial	Date thereof July 17, 19	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation	or removal. Which?	Date thereof (month) (day) (year)	Accident, suicide, or homicide		
		Rose Hill	Where did injury occur?		
	H	agerstown			
Location		W. Kraiss	Injured at home, farm, industry, public place (where?)		
18. Funeral director	rrea	H. Tarbb	Injulies at mixt		
Address	Hager	stown.	- 1 Alogood Marker la) -		
. Jeder 1	18,45	brest Veryson	23. SIGNATURE M. D. or other		
(Date rec'd by re	gistrar)	Registi	rar Address Allenstony Mil Oate signed 7/16/4)		





MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH 1. PLACE OF DEATHS 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother (If outside city or town limits, write RURAL and give nearest town) (If outside city of town limits, write RURAL and give nearest town) How long in above place of death?... Hospital, Institution, or street address where death occurred: Street No .. (If rurai, vive LOCATION) How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6.(a) Singlo, married, widowed, or divorced MEDICAL CERTIFICATION

.6.(c) It alive, give age. 7. Rirth date of deceased (mo., day, yr.) Immediate cause of death DURATION Months If less than one day 8. AGE: (Town, county, and state) 10. Usuat occupation. 11. Industry or business 12. Name. 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden na 15. Birthplaco 14. Malden name.... Major fludings of operations.....

PLAINLY

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clearly and legibly

carefully.

information of death clea

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PLEASE

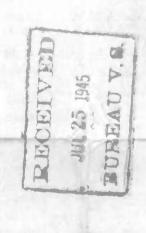
16. Informant. Address (month) (day) (year) (Burial, cremation, or removal. Which?) Cometery or cremetory 18. Funeral director Address

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, tarm, industry, public place (where?) injured at work? Means of Injury

M. D. or other

.Date signed.

NS



(Date rec'd by registrar)

Dr. connad

Hagerolowy, Wel

1-12-4

Date signed



1. PLACE OF DEATH: County Mashers Lo (If outside city or town limits, write RURAL and give nearest town How long in above place of death?..... Hospital, Institution, or street address where death occurred: rellears. How long in hospital or institution? 3. (a) FULL NAME 4. Sex 6.(6) Name of husband or wife. deceased (mo., day, yr.) 8. AGE: Years If less than one day 11. Industry or business mel 15. Birthplace Date thereof... Accident, suicide, or homicide..... month) (day) (year) Where did injury occur?(City or town) injured at home, farm, lodustry, public place (where?) ... Means of Injury 23. SIGHATURE. (Date ree'd by registrar) Registrer

(If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 2.(a) If veteran, name war... 3. (b) Social Security Number MEDICAL CERTIFICATION 1945- 21 8:00 / 20. DATE DE DEATH. The date above stated: that Lattended deceased from BURATION 10-15 (Include pregnancy within 3 months of deuth) Major findings of operations. PHYSICIAN: Flease underline the cause to which doth should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

(County)

M. D. or other

.Date signed ..

19 M. Prtmere St.



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WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 51-2

3. (b) Social Security Number

CERTIFICATE OF DEATH

Reg. Dist. No. 305 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If rural, give LOCATION)

3. (a) FULL NAME

How long in hospital or institution?

1. PLACE OF DEATH:

County Washer

4. Sex

(If outside city or tewn limits, write RURAL and give nearest town)

6, (b) Name of husband or wife

deceased (mo., day, yr.) Years Months Days tf less than one day 8. AGE:

fD. Usual occupation ...

ff. Industry or business

(Date rec'd by registrar)

20, DATE DF DEATH ... occurred on the date above stated: DURATION

(Include pregnancy within 3 months of death)

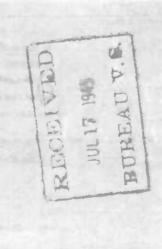
Major findings of operations.....

PHYSICIAN: Please underline the cause tu which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.....

Where did injury occur?(City nr tewn) (County)

Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?



OURATION

Vr.

Indef.

M. D. or other

148 W. Washington St., Hagerstown, Md.

07309

		CERTIFICA	TE OF DEATH	Reg. Dist. No	303
1. PLACE OF DEATH: Washington City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town) Rew leng in abeve place of death? 2 Years Hospital, Institution, er street address where death occurred: 926 Oak Hill Ave Hew long in hospital er Institution?			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAM	da Kime	Forney		3. (b) Social Security None	Number
4. Sex Female	5. Color or race White	6.(a)Single, married, widowed, or divorced W1dow	MEDICAL CI	ERTIFICATION	, at 7 A
6.(c) Name of husband or wife. Harvey C. 6.(c) If alive, give age: years 7. Birth date of deceased (mo., day, yr.) August 27 1874 8. AGE: Years Months Days If less than one day			21. I CERTIFY that death occurred on the date above stated; that I attended deceased frem June 26, 1945 19. 10 July 5 and that I last saw h. e.r. alive on July 3, 16 Immediate cause of death 000R		
70 11 8 hrs. min. 9. Birthplace Harrisgurg Dauphin Co. Pa.a. (Town. county, and state) 10. Usual eccupation. Housewife			Chronic Myocarditis with congestive failure Due to		••••••••••
11. industry or business Own Home 12. Name Samuel Kime 13. Birthpiace Harrisburg Pa. 14. Maiden name No nRecord 15. Birthpiace No Record			Diabetes Mellitus In (Include pregnancy within 8 months of death) Major findings of operations.		
Address 12 Burial (Burial, eremation) Cemetery or crematic	Hagersto	G. Todd wn Md.	Autopsy results		
	Andrew	K. Coffman	Means of Injury Injured at werk?		

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: pl

Date rec'd/by registrar)

ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

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JUL 7 1945
BUREAU V.S.

RECEIVED

AUG 1 1945

BUREAU V.B.

AND WATER TO THE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

correct age

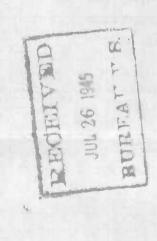
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

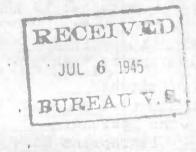
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		CERTIFICA	TE OF DEATH	* Reg. Dist. No. 30 2
How long in above place Hospital, Institution, or Cearfo	shington Ingerstow Unside city or town lit of death?	n R D 3 Rural nits, write RURAL and give nearest town)	City or town. Hagerstow (If outside city or town ilm Cearfoss	n Rural R D 3 Its, write RURAL and give nearest town) Pike ve LOCATION)
4. Sex Female	5. Color or race White	8.(a)Single, married, widowed, or divorced Married		CERTIFICATION
7. Birth date of deceased (mo., day, y 8. AGE: Years 52	Months 11 Shington Town, Home Du seorge N. Wash. C		and that I last saw hand alive on half	/ Wines DMs
15. Birthplace 16. Informant Winderss Hage 17	lliam I.	O., Md. French Md. R D 3 Date thereof. J., L. 2.4.4.5. (month) (day) (Year) aven Cemetery	Autopsy results	which death should be charged statistically. causes, fill in the following: Date of
Location	gerstown Fred W gerstown	, Md.	Injured at home, farm, Industry, public place Means of Injury 23. SIGNATURE	(where?) tajured_at work? M. D. or other, M. D. ar signed 1/2 4/1/2





C. San Street Care District

CERTIF	ICATE OF DEATH Reg. Dist. No. 30
1. PLACE OF DEATH: Washington Cily or town. Hare ratown (If outside city or town limits, write RURAL and give nearest to How long in above place of death? 761 S. Potomac Street How long in hospital or institution? 3. (G) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru lufauts give residence of mother) State County ashington City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 761 S. Potomac St. (If rural, give LOCATION) 2.(a) If veteran, name war
Charles L. Frownfe:	lter 214-09-3023
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce Married	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Name of husband or wife mily Kate Frownfelter 7. Birth dale of deceased (mo., day, yr.) Feby • 11, 1874 8. AGE: Years Months Bays If less than one day 71 4 22hrs.	19 7 10 10 11
9. Birthplace Washington County, Md. (Town, county, and state) 10. Usual occupation Employee of City Light	
11. Industry or business 12. Name Samuel D. Brownfelter 13. Birthplace Wash. Co., Md.	Bither conditions
HE 14. Maiden name Not Bruner 15. Birthplace Mot Bruner	Mejor findings of operations
16. Informant Mrs. Aate Frownfelter Address 761 S. Potomac St Hagersto	Autopsy results
17. Burial Date thereof July 5. (Burial, cremation, or removal, Which?)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Rose Fill Cemetery	Where did injury occur?
Location Hagerstown, add. 18. Funeral director. Prod W. Kraiss Address Hagerstown, Id.	Meane of Injury Injured at work? Alate Cases and Mark
19. July 5 18 45 phost Bower	23. SIGNATURE M. D. or other Registrar Address Address M. Date signed 7.



information carefully. The correct age of death clearly and legibly.

ADING INK. Supply every item of Physicians: please write the causes

PLEASE WRITE

Address

Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 766



M. D. or mibo

			CERTIFICA	TE OF DEATH Reg. Dist. No	30 4	
How long In above place of Mospital, Institution, or st	merstown side city or town li death? reet address where eth Stre	nits, write R 20 ye death occurred	"YLANG URAL and give nearest town) CATS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Washingto City or town. Gounty (If outside city or town limits, write RURAL and give r 50 Elizabeth Street (If rurnl, give LOCATION) 2.(a) If veteran, name war.	nearest town)	
3. (a) POLL NAME	Evange	eline	Ethel Fulk	220-/		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	6:05	
Female	White	Div	vorced	20. DATE OF DEATH JULY 14 19 45	at P w	
			c) If alive, give ageye	21. I CERTIFY that dealh occurred on the date above stated; that I attended de	eceased from	
7. Birth date of deceased (mo., day, yr.)	Datah			and that I last saw halive on		
8. AGE: Years 33	Months 9	Days 3	If less than one dayhrs			
12. Name Phi	Lab Hagerst llip Fu ckingha	orer own Ri lk m Co.	ubber Company Va.	Due to		
14. Maiden name	Leona R lockingh	eese am Co	. Va.	(Include pregnancy within 3 months of death) Major findings of operations		
14. Malden name Leona Reese 15. Birthplace Rockingham Co. Va. 16. Informant Mrs. Leona Carter Address Baltimore, Maryland 17. Burial (Burial, cremation, or removal, Which?) 18. Burial (month) (day) (year)				Antopsy results PHYSICIAN: Please underline the cause to which death should be charge 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	7 /1 A /A 5	
Cemetery or crematory H8 Location	gerstow C.M.Su	n, Ma	ryland Sons	Where did Injury occur? Hagerstown Wash. (City or town) (County) - D Injured at home, farm, Industry, public place (where?) Meens of Injury 1105hot Injured at work?	ligiate beth	
	agersto	wn, Ma	aryland	Strike & Wells WAS	H. CO., MUI	

Registrar

Magerstown, I'd.

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WRITE PLAINLY, WITH UNF. is especially important.

1945

Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

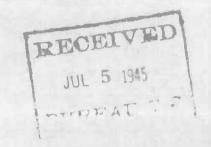
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Date signed Luly . 2

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			CERTIFICA	TE OF DEATH	Reg. Diat. No	302/
City or town	hington genstown genstown ii of death? 50 street address where Locust	mits, write F years death occurred Stree	t.	Street No. 540 No. Locus	f mother) multiple Washington ts, write RURAL and give nea t Street c LOCATION)	rest town)
3. (a) FULL NAME		Wil	liam H. Garvin		3. (b) Social Security I	Number
4. Sex Male	5. Color or race White		e, married, widowed, or divorced dowed		PAS 7:45 P.	M.
Age of the same of	a) Teb		Garvin If allve, give ageyear 1867 If less than one dayhrsmin	and that I last saw h. And a live on	Hary II	1/ 19.47.5
1D. Usual occupation 11. Industry or business 12. Name		Ga	rvin nnsylvania	Due to		2 Jeans
14. Malden name	Rebecc	Pe	nnsylvania	(Include pregnency within 8 Major findings of operations. Antopsy results.	Date of op	
Address 540 17. Buria (Buriat, cremation, Cemetery or cremation Historian H	N. Locus 1 or removal Which? Rose agerstow Fred W.	Date them Hill (m, Md Krai:	reet- Hagersto of July 4, 1945 (month) (day) (year) Cemetery	PHYSICIAN: Please underline the cause to w	which death should be charged and asses, fill in the following; Date of (County)	statistically.
	erstown,		hast Bower	23. SIGNATURE.	Campbell M.D.	or other

Registrar Address Fagerstowy



2411 N. Charles St., Baltimore 230

L 17315 200

1. PLACE OF DEATH: County Washington (If custode sty or town limits, write RURAL and give nearest town) (Replia) is littletine, or street defects where death occurred: 3727 South Potoniao St. 3727 South Potoniao St. 3727 South Potoniao St. 3728 S				CERTIFICAT	LE OF DEATH Reg. Dist. No.	5	
Accepted (ma., day.yr.) Surface (ma., day.yr.) May 3 1868 S. AGE: Fears Monits Days If less than one day deceased (ma., day.yr.) Surface (ma., day.yr.) Surface Funk stown Wash. Co. Md.a. Surface Council occapion. Housework 10. Usual occapation. Housework 11. Industry or business Own Home 12. Name. Edward P. Hunrichouse 13. Birthplace Hagerstown Md.a. Major findings of operations. M	County	gerstown gerstown deside city or town lin of death? Street address where d South Po	eath occurred	URAL and give nearest town)	(For newborn infents give residence of mother) Slate. Maryland county Washing to City or town Hagers town (If outside city or town limits, write RURAL and give near Street No. 2722 South Potonac St. (If rural, give LOCATION) None 2(a) If veteran, name war.	est town)	
4. Set	3. (a) FULL NAME				3. (b) Social Security N	lumber	
S. (b) Hame of husband or wife. Adolph S. (c) If allies, give age rearry series of decreased (no. day, rt.) May 3 1868 S. AGE: Years Rombis Days If less than one day 2 1.3 hrs. min. S. Birthplace Funkstown Wash. Co. M.C. M.C. M.C. M.C. M.C. M.C. M.C.	Mrs. H	attie Hu	mrich	ouse Gentes			
8. (6) Name of husband or wife. Adolph 1. Birth date of deceased (m. day, yr.) May 3 1868 8. AGE: Years Months Days If less than one day 77 2 13 13 hrs. min. 9. Birthplace Funks town Wash Co. Mo. Mo. (Town, county, and state) 10. Usual occupation. Housework 11. Industry or business Own Home 12. Rame Edward P. Humrichouse 13. Birthplace Hagerstown Md. 14. Maden name Amelia Knode 15. Informant Miss Anna Humrichouse 16. Informant Miss Anna Humrichouse 17. Burial 18. Date thereof 7/19/45 18. Cemetry or cremation, or removal. Which) 19. Cemetery or cremation, or removal. Which) 10. Location Hagerstown Md. Address Hagerstown Md. 10. Funeral director Andrew K. Coffman Address Hagerstown Md.	4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced		P	
S. AGE: Vears Months Days If less than one day 77 2 13 13 Marks. S. Birthplace Funkstown Wash. Co. Md. (Town, county, and state) 10. Usual occupation. Housework 11. Industry or business Own Home 12. Rame. Edward P. Humrichouse 13. Birthplace Hagerstown Md. 15. It Maiden name. Amelia Knode 15. Birthplace Hagerstown Md. 16. Informant Miss Anna Humrichouse 16. Informant Miss Anna Humrichouse 17. Burial 17. Burial 18. Burial 19. J. to distribute on Jack the Co. Md. (Include pregnancy within 8 months of death) Major findings of operations. Address Hagerstown Md. 22. VIOLENCE: If death was due to external causes, fill in the following: (County) (State) Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?	Female	White	Y	idow	20. DATE OF DEATH July 16 1945 19.	at 9	
8. AGE: Years Months Days If less than one day 77 8 13	7 Right date of		6.(6	tf alive, give ageyears	and that I last saw h		
9. Birthplace. Function, country, and state) 10. Usual occupation. Housework 11. Industry or business Own Home 12. Name. Edward P. Humrichouse 13. Birthplace Hagerstown Md. 14. Maiden name. Amelia Knode 15. Birthplace Hagerstown Md. 16. Informant. Miss Anna Humrichouse. Address Hagerstown Md. 17. Burial 18. Burial 19. Date thereof. 7/19/45 (Burial, cremation, or removal, Which?) Cemetery or crematory. Rose Hill Cemetery Location. Hagerstown Md. 18. Funeral director. Andrew K. Coffman. Address Hagerstown Md. 19. Where did injury occur? (City or town) (Country) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	8. AGE: Years	Months	Days	If less than one day		7/16/4	
11. Industry or business 12. Name				1			
12. Name Edward P. Humrichouse 13. Birthplace Hagerstown Md. 14. Malden name Amelia Knode 15. Birthplace Hagerstown Md. 16. Informant Miss Anna Humrichouse Address Hagerstown Md. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown Md. 18. Funeral director Andrew K. Coffman Address Hagerstown Md. 20. VIOLENCE: If death was due to external causes, fill in the following: Major findings of operations. Major findings of operations. Major findings of operations. Major findings of operations. Autopsy results. PHYSICIAN: Please underfine the cause to which death should be charged statistically. Accident, sulcide, or homicide. Oate of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	Hougawork				Due to Delanting horses of particular the standard of the stan	?	
13. Birthplace Hagerstown Md. 14. Malden name Amelia Knode 15. Birthplace Hagerstown Md. 16. Informant Miss Anna Humrichouse Address Hagerstown Md. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Rose Hill Cemetery Location Hagerstown Md. 18. Funeral director Andrew K. Coffuan Address Hagerstown Md. 19. Funeral director Andrew K. Coffuan Address Hagerstown Md. 19. Funeral director Magerstown Md. 19. Funeral director Andrew K. Coffuan Address Hagerstown Md.	11. Industry or business	Own Ho	me		540 100	****************	
t4. Malden name. Amelia Knode 15. Birthplace Hagerstown Md. 16. Informant Miss Anna Humrichouse Address Hagerstown Md. 17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Rose Hill Cemetery Location Hagerstown Md. 18. Funeral director. Andrew K. Coffman Address Hagerstown Md. 19. The second of operations. (Include pregnancy within 3 months of death) Major fieldings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at work? Means of injury Injured at work?	12. Name					444000000000000000000000000000000000000	
16. Informant Miss Anna Humrichouse Address Hagerstown Md. 17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Rose Hill Cemetery Location Hagerstown Md. 18. Funeral director. Andrew K. Coffuan Address Hagerstown Md.	And the second s	Ameli	a Kno	de		*************************	
Address Hagerstown Md. Burial Date thereof 7/19/45 Mounth Gard of Location Hagerstown Md.							
Burial Burial Date thereof 7/19/45					Autopsy results	statistically.	
Location Hagerstown Md. 18. Funeral director Andrew K. Coffman Address Hagerstown Md. 19. Funeral director Magerstown Md.	Buri	al or removal. Which?)	Date there	7/19/45 (month) (day) (year)	Accident, suicide, or homicide		
18. Funeral director Andrew K. Coffman Means of Injury Injured at work? Address Hagerstown Md.	Cemetery or cremato						
18. Funeral director Andrew K. Coffman Address Hagerstown Md.						ba a a 4 4 4 4 a a 4 4 4 4 4 4 4 4 4 4 4	
1 92 CICHATHRE	18. Funeral director	Andrew	K. C	offman	Means of Injury Injured at work?	. 0	
				77	23. SIGNATURE A STORLEY SURFICE STORY	M.V.	

Registrar

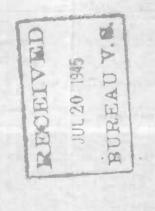
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Date rec'd by registrar)

orrect age

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING



Date signed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1406

CEDTIFICATE OF DEATH

CLRITICAL	Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city of town limits, write BERAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Ida Frances Idai	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced White Married 6. (b) Name of husband or wife 6. (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 30 5 19 Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business	MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
12. Name Many Francis Sindle 13. Birthplace Salutury many Land Walter V E. Worldfield 14. Maiden name Walter V E. Worldfield May 15. Birthplace Montgomeny Co. Worldield May	(Include pregnancy within 3 months of death) Major findings of operations. D. 5. C
16. Informant My. Exact H. Stating Address 116 Flooks st. Salutes, Mid 17 Suich (Burial, cremation, or removal, Which?) Cemetery or crematory authors Location Saluteury Manyland	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
18. Funeral director 16. Weller K. Hellmay Address Salulay Maryland,	Means of Injury Injured at work? 23. SIGNATURE FARCEMENT US

Registrar Address...

VS A15

PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0.

Registrar Address 121 W WASHINGTON, ST. Date signed 715 1948

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CERTIFICA	TE OF DEATH Reg. Dist. No. SO Z
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland
3.(a) FULL NAME Harry L. Heleine	3. (b) Social Security Number
4. Sex 5. Color or race S.(a)Single, married, widowed, or divorced Male White Widower	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 2D. DATE OF DEATH. 2D. DATE OF DEATH.
6.(b) Name of husband or wife Laura E. Heleine 1. Birth date of deceased (mo., day, yr.) May 4, 1869 8. AGE: Years Months Days If less than one day 76 1 29 hrs. min. 9. Birthplace Hagerstown, Wash.Co.Md. (Town, county, and attate) 10. Usual occupation Retired Merchant 11. Industry or business 12. Name Phillip Heleine	and that I last saw h its collive on pully 3 19 73 Immediate gang of death Culcolities Due to Collision Due to Collis
13. Birthplace Hagerstown, Maryland 14. Malden name Louisa Davis 15. Birthplace Hagerstown, Maryland	(Include pregnancy within 8 months of death) Major findings of operations.
16. Informant Mrs. Harvey Wachter Address Hagerstown, Maryland	Antopsy results
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown, Maryland 18. Funeral director Address; Hagerstown, Maryland **Comparison** **Address** **Hagerstown, Maryland** **Comparison** **Address** **Hagerstown, Maryland** **Comparison** **Comparison**	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

Dr. O. D. maller

JUL 7-1945
BUREAU V.S.

5. Color or race

White

VIS

Meaths

Oct. 2 1870

(Town, county, and state)

Falling Waters W. Va.

16. Informant Anna Belle Herbert (wife)

Williamsport, Maryland

Edith V Leaf

Elizabeth Kershner

Falling Waters W. Va.

Riverview Cemetery

29 W Salisbury St. Williamsport

Falling Waters W. Va.

Leather Grainer 11. Industry or business Tannery Willlamposrt William Herbert

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (880)

07318

-	
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Washington
	Williamsport, Maryland
	(If outside city or town limits, write RURAL and give nearest town)
	Street No. 29 W Salisbury St.
ú	(If rural, give LOCATION)
.	2.(a) If veteran, name war
	3. (b) Social Security Number
	None
	MEDICAL CERTIFICATION (10)
	20. DATE DF DEATH
	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
٠	21. 1 DENTITY THAT BEATH DOCUMENT OF THE STATE ABOVE STATES. THAT I ATTENDED TO THE STATE OF THE STATES AND ASSOCIATION OF THE
s	and that last saw h. Lean elive on Janley 1.7 1943
	Immediate cause of death DURATION
	Curling humanland
	Due to aulerio Salemanis (0 ye
-	Due to.
-	Due to

(Incinde pregnancy within 8 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Major findings of operations.....

Accident, suicide, or homicide.....

Where did injury occur?(City or town)

Injured at home, farm, Industry, public place (where?)

Injured at work? Means of Injury

PLEASE Church St. Williamsport, Md

Bate thereof July 21 1945 (month) (day) (year)

6.(a) Single, married, widowed, or divorced

.6.(c) Il alive, give ageyea

Married

Anna Belle Herbert

A15

item of i

important.

especially

WRITE

FOR

(ARGIN RESERVED

Male

7. Birth date of

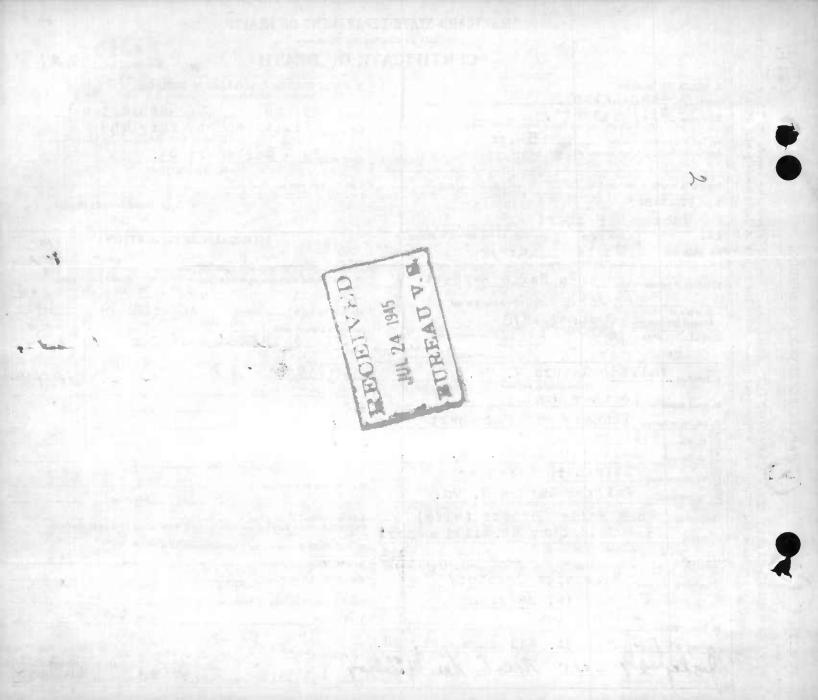
15. Birthplace

Burial (Burial, cremation, or removal. Which?)

8. AGE:

B.(b) Hame of husband or wife ...

deceased (mo., day, yr.)



MARGIN RESERVED FOR BINDING

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2			

67319

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
- 1	
(If outside city or town limits, write KUKAL and give nearest town)	
Now long in above place of death?	
avopna, mantanon, vi viole account and a control account and a control account account and a control account account account and a control account acc	Sireet No
Now long in hospital or institution?	2.(α) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
1. L. H. H. 22	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
V 1	20. DATE OF DEATH. July 22 2 1 19.45 at 1.30
Male Mobile Single	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that 1 attended deceased from
7. Dirth date of	years and that I last saw h
deceased (mo., day, yr.) July 3, 1868	Immediate cause of death DURATI
8. AGE: Years Months Days If less than one day	Central Newsonse 1142 9.)
77 0 19hrs.	min.
9. Birthplace Brownsy. He Washington O. Md.	Due to
10. Usual occupation Return & Railroad Carla speet	Due to
11. industry or business	
E 12. Name Deorge 12. Haffurseter	Other conditions
E 13. Birthplace Cable town, V2.	(Include pregnancy within 3 months of death)
14. Maiden name Rdehel Carr	Major findings of operations.
15. Birthplace Coil County, Md.	Major findings of operations
1 11 00 1	Antopsy results.
16. Informant Jones Holling Step	PHYS1CIAN: Please underline the cause to which death should be charged statistically.
Address Brownsville, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory E. P. 1300 P31 Cometery	Where did injury occur?
Location Brownsrille, Md	Means of injury tnjured at work?
18. Funeral director	
Address Middle town, Md.	23. SIGNATURE The last made m. D
Jeely 25 , 45 Dorneling 31, Cast	M. D. ou-other
(Date rec'd by registrar)	gistrar Address Jacobs Land Bale signed 7.728

PUL 27 1945
BUREAU T. S.

market and the second

was provided of

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (937) CERTIFICATE OF DEATH 1. PLACE OF DEATHS information carefully. The co 2. USUAL RESIDENCE (HOME) OF DECEASED: Wishington Po (For newborn infants give residence of mother) (If outside pity or town limits, write RURAL and give nearest town) How long in above place of death? Mosnital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?..... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 4 Say MEDICAL CERTIFICATION BINDING Marnie 19 4 5 at 1. 40 A M 21. I CERTIFY that death accorded on the date above stated: that I attended deceased from 6.(6) Namo of husband or wife. June 30 194 5 ARGIN RESERVED FOR 7. Birth date of deceased (mo., day, yr.) Immediate cause of death Years 8. AGE: 11. Industry or business important. (Include pregnancy within 3 months of death) 14. Malden nam Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; 17. Burial, cremation, or removal. Which (month) (day) (year) Accident, suicide, or homicide..... Whera did injury occur?(City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of injury 18. Funeral director NS M. D. or other

DESIGNATION OF THE PERSON OF A REAL PROPERTY.

CHARLEST OF DEATH

JUL 6 1945
BUREAU V.E.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

							Meg. Dist. Ho.	**************************************
1. PLACE OF DEATH: County Washington						2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town)				land		state Maryland Washington		
				URAL and give nearest tow	vn)			
		leath? 30				(If outside city or town limit	a, write RURAL and give no	arest town)
Hospital, Institution	on, or str	eet address where to	leath occurred	l:		Street No. 17 Elizabeth Street		
	************	******************************	************	. *************************************		(lf rural, give	LOCATION)	
		titution?		***************************************		2.(a) If veteran, name war	***************************************	
3. (a) FULL N	IAME			TTo Ta			3. (b) Social Security	Number
122				orence Hols		Ľ	-	
4. Sex	5.	Color or race		e, married, widowed, or divorced		MEDICAL CI	ERTIFICATION	
Pemale		White	Ma	rried		20, DATE OF DEATH July	3 43	al
		W:11.	iam E	. Holsinger		21. I CERTIF that death occurred on the date abo		
				63		Jew 1 - 4 4 19.	in Late	5 40
7. Birth date of			6.(e) it alive, give age	years	and that I last saw harmalive on	/// / .	- 4
deceased (mo.,	day, yr.)	June		1882		Immediate cause of death	/ /	
8. AGE:	Years	Months	Days	It less than one day		0 3-		
	63	0	16		mln.	Chr. Myore	who	34
0 Richnisco	Nea	r Broad	fordi	ng, Md.		Due to		
		(Iown, c	county, and	tate)		20 10		
10. Usual occupa	tlon	House	wlie			Duo to		
11. industry or bu								
至 12. Name	Joh	n Hidea	cker	***************************************		Other conditions		
12. Name	e	Virgin	ia				7-15-	
		Emmo Mo				(Include pregnancy within 3 r	months of death)	
14. Maiden r 15. Birthplac	name	Virgin		***************************************		Major findings of operations		
El 15. Birthplace							Date of op,	
16. Informant		liam E.		00-0-00000410		Autopsy results		
Address	На	gerstow	n, Ma	ryland		PHYSICIAN: Please underline the cause to wh		statistically.
17 Buri	ial		Data the	7-18-45		22. VIOLENCE: If death was due to external cau		
(Burial, crem	ation, or	removal, Which?)			ear)	Accident, suicide, or homicide		
				Church Cen	il e	Where did injury occur?(City or town)	(County)	(State)
Location Broadingford, Maryland					Injured at home, farm, Industry, public place (wi	here?)		
18. Funeral director. Louis F. Reecher						Means of Injury	Injured at work?	
					•••••	11/1	2 2	
Address	F'unk	stown,	mary.	Land		23. SIGNATURE	MA)	
10 1.0	10 (1	19 4 5	10	Walt 120ce	may			or other
(Jate rec'd by registrar) Registrar						Address	Date signed.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Washington

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 years

Hospital, Institution, or street address where death occurred:

Leitersburg pike

How long in hospital or institution?.

3. (a) FULL NAME

information care

BINDING

FOR

MARGIN RESERVED

important.

PLAINLY, is especially

WRITE

PLEASE

A15

W

5. Color or race

navid Cline Horn

6.(a) Single, married, widowed, or divorced

Male White Widower

Emma. 6.(b) Name of husband or wife......

7. Birth date of

May 2 1871

deceased (mo., day, yr.)

8. AGE: Months

74

Sheperdstown Berkley Co. W. Va (Town, county, and state)

Operator 18. Itsual occupation...

Filling Station 11. Industry or business

David Horn 12. Name.....

13. Birthplace Shepherdstown W. Va.

Mary C. Crider 14. Maiden name......

15. Birthplace Shepherdstown W. Va.

Charles E. Horn Hagerstow n Md.

Burial (Burial, eremation, or removal. Which?) Date thereof.....

Rest Haven Cemetervy Hagerstown Md.

18. Funeral director...... Hagerstown Md. Address

(Date rec's by registrar)

if less than one day

Andrew K. Coffman

Registrar Address

Means of Injury

JUL 9 1945
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07323

CERTIFICAT	E OF DEATH Reg. Dist. No. 304
Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. A County A County To
; in hospital or institution?	2.(a) If veteran, name war
FULL NAME Earl L. Hull	Ja. (b) Social Security Number None
Tale White Single	MEDICAL CERTIFICATION 20. DATE OF BEATH 20. DATE
me of husbaod or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
E: Years Months Days If less than one day 5 28	Immediate cause of death DURATION
(Toyp, county, and state)	Due to Cubacism
Name Earl L. Hull Birthplace Washington Co	Dither conditions. (linclude pregnancy within 8 months of death)
Maiden name Cathering Mic Custon Birthplace Plannsylvania	Major findings of operations
mant care from the sess Hancock Md R7192 Build Bate thereof July 16-1943	Antopsy results
al, cremation, or removal. Which?) But thereof. March (month) (day) (year) ery or crematory. Love Busyle Bunkard	Accident, suicide, or homicide
on Near Hancock Mideral director Suyder Mowland	Injured at bome, farm, Industry, public place (who(e?)
elyle 1945 Y a Heller Registrar	23. SIGNATURE DAY COCK Date signed 1/1 X/X;





MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore Bio correct CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Washington legib] State Maryland County Washington City or town Clearspring (If outside city or town limits, write RURAL and give nearest town) City or town ... Clearspring (if outside city or town limits, write RURAL and give nearest town) 25 Years How long in above place of death?.... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) information of death clea How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Elsie E. Kinsell None 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION JARGIN RESERVED FOR BINDING Married 20. DATE OF DEATH JULY 4 19 45 at 7:40 9 m Female White 6.(b) Name of host or wife. B. N. Kinsell 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from FEBRUARY 19 1938, 0 JULY 4 and that I last saw h.C.R. alive on QULV 3 deceased (mo., day, yr.) Dec. Immediate cause of death CEREBRAL EMBOLUS Days It less than one day 8. AGE: Due to AURICULAR Fibrillation, Franklin Co. Pa. (Town, county, and state) CHRONIC Home Work POPLITERL EMBOLUS, 10. Usual occupation..... 11. Industry or business E 12. Name Abraham Saylor Bib CHRONIC NEPHRITIS WITH HYPERTENSION. important. 13. Birthplace Franklin Co. Pa. (Include pregnancy within 8 months of death) 14. Malden name Alice L. Bower Major findings of operations. NONE. 15. Birthplace Washington Co. 16 Informant Mr. B. N. Kinsell PHYSICIAN: Please underline the caose to which death should be charged statistically. Clearspring, Ld. 22. VIOLENCE: It death was due to external causes, fill in the following; Dale thereot July 6 1945 (month) (day) (year) Where did injury occur?(City or town)

Cemetery or cremetery St. Pauls Cemetery

18. Funeral director Snyder-Rowland

Clearspring

Location Near Clearspring and.

DURATION

12 days

Injured at home, tarm, industry, public place (where?)

Means of Injury

A15

WRITE PLEASE SA

PRESIDENTE OF DEATH OF STATE O

Well Copy of the Account

JUL 7 1945 BURFAU V.S.

Last a do supply the a figh

PLEASE

VS A15

ARGIN RESERVED FOR BINDING

	change	of	MARYLAND	STATE	DEPARTMENT	OF	HEA
_						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_

	PARTMENT OF HEALTH 07325
	E OF DEATH Reg. Dist. No. 301
1. PLACE OF DEATH: county Washington County City or town Williamsport, Maryland (If outside city or towo limits, write RURAL and give nearest town) How long in above place of death? 34 yrs Hospital, institution, or street address where death occurred: Williamsport, Maryland How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboro Infants give residence of mother) Maryland State Connocochaague St. Williamsport (If outside city or town limits, write RURAL and give nearest town) Street No. Conococheague St. (If paral, give LOCATION) 2.(a) If veteran, name war.
George Edward Klipp	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Widowed	MEDICAL/CERTIFICATION
s.(b) Name of husband or wife Mary Grace Klipp deceased 6.(c) If alive, give age years	20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) July 16 1874 1871	and that I last saw h
8. AGE: Years Mooths Days It less than one day 10	Carpio Vascular Rua 2 MO.
8. Suthplace Chambersburg Pa. (Town. coonty, and state)	Due to
10. Usual occopation Forman at Tannery 11. industry or bosiness Tannery Williamsport	Due to
12. Name Fredreck Klipp 13. Birthplace Chambersburg Pa.	Other conditions
H 14. Maiden name. Unknown 15. Strthplace Pa.	(Ioclode pregnancy within 3 months of death) Major findings of operations

16. Informant George Klipp (son)

Address Conocheague St Williamsport, Md

July 29 1945 (mooth) (day) (year) Burial Date thereof... (Burial, crematico, or removal, Which?)

Riverview Cemetery

Williamsport, Maryland Edith V Leaf.

Address #7 Church St. Williamsport, Md.

injured at home, farm, industry, public place (where?) ...

Where did injury occur?

Means of Injury

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

(City or town)

M. D. or/other

Injured at work?



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57-6

CERTIFICATE OF DEATH

City or town	gton Con DSburg 1 de city or town fin leath? SS 1 eet address where de	its, write RURAL and gi	ve nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Washington City or town Sharpsburg (If outside city or town limits, write RURAL and give nearest town) Street No. Sharpsburg Md. (If rural, give LOCATION) 2.(a) If veteran, name war.		
How long in hospital or ins	titution?					
3. (a) FULL NAME					3. (b) Social Security Number	
		lam Lakin			None	
	Color or race	6.(a)Siogle, married, wido		MEDICAL CE	RTIFICATION	
400 400 1111 111	White	Marrie	ed	20. DATE DE DEATH 7	18 45 av 2130 Pt.	
6.(b) Name of husband or n	Lily	May Lakin		21. I CERTIFY that death occurred on the date above		
6.(0) maine of musuamu of a	[- 4 5 4 4 4	76	0/9219 18	_ // / / / / / / / / / / / / / / / / /	
7. Birth date of	1.	6.(c) If alive, give	ageyears	and that I last saw harmalive on Tal	11. 1 11 1 10111	
deceased (mo., day, yr.)	June . 7	1 1891		Immediate cause of death	DURATION	
8. AGE: Years	Mooths	Days If less that	one day	A. A.	1 1 1	
8.8		10	nrs min.	(arcuma of 21	ul Trostal 2 yrs.	
9. Birthplace Shar	psburg	Maryland		Due to.		
TO RELEGIO	(Town, e	ounty, and state)				
		tory (hand		Due to		
11. Industry or business	Shoe & I	legging Fac	ctory	- A	D. A.	
12. Name Jac	ob Lakli	1		Dther cooditions I was	Colheyes 10900	
13. Birthplace Sh	arpsburg	g Md		(Pataraels)		
14. Malden name A) 15. Birthplace Sh 16. Informant Lil	manda Po	orter		(Include pregnancy within 8 m	onths of death)	
E 14. maiden name	ne my ehum	c Md		Major findings of operations		
2 15. Birthplace	arpsour	g Mu.			Date of op	
16. Informant Lil	y May La	tk in		Autopsy results		
Address Shar	osburg M	aryland		PHYSICIAN: Please underline the cause to whi		
Burial (Burial, cremation, or		Date thereof July	20 1945	22. VIOLENCE: If death was due to external cause		
(Burlal, cremation, or	removal. Which?)	Date thereof	th) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Mounta	in Area	***************************************	Where did injury occur?(City or town)	(County) (State)	
s h	arpsbur	g Md		Injured at home, farm, industry, public place (whe		
LUCATION		***************************************	•••••••••	Means of injury	Injured at work?	
18. Funeral director			••••••••••	I	(00)	
Address		2	-3	La marine Waller /	J. Sheary M.D.	
7-2-1		Pall o	Dallace	23. SIGNATURE	M/D, or other	
Date rec'd by registr	rar) 19.7.U		Registrar	Address Sharpsoung	MU Bate signed 7/18/41	

Dy

VS A15

(Date reo d by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 330

07327

CERTIFICATE OF DEATH

M. D. or other Date signed

				Avg. Plat 1		
1. PLACE OF DEA	10/00	hingt	on	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	erstown	Marv	On Land URAL and give nearest town) Years	State Maryland County Washington		
City or town(If or	tside city or town li	mits, write R	URAL and give nearest town)	City or town (If outside city or town limits, writs RURAL and give nearest town) Street No. 709 West Church Street		
How long in above place	death?	death occurred				
Hospital, institution, or 709 West	Church S	treet	•	Street No. (If rural, give LOCATION)		
How long in hospital or	Institution?			2.(a) It veteran, name war		
3. (a) FULL NAME				3. (b) Social Security Number		
	Jos	seph F	. Lingg			
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	M	arried	2D. DATE OF DEATH. July 28 503 21 97		
e (b) Name of husband	. Kath	erine	M. Lingg	21. I CERTIFY that death occurred on the tate above stated: that I attended diceased from		
			t) It ailve, give age	Mark 1- 4190 10 Tarley 3 f 19 4		
7. Birth date of deceased (mo., day, y	J177 77 8			and that I last saw haralive on		
8. AGE: Years	Months	Days	It less than one day	Immediata cause of death		
78	0	20	hrs,mir	· Couchel Somewhare 3 wh		
9. Birthplace	mittsbur	g, Ma	ryland	Due to		
J. Dirthplace	(Town,	county, and a	tate)	· ·		
10. Usual occupation	rentred	DITUK	layer	Due to Certain allers 3 4		
11. Industry or business	enry Lin	0.0.		Chamber - 1		
	Emmittsh	55 0rg 1	Maryland	Dther conditions		
	Virgini			(Include pregnancy within 3 months of death)		
14. Maiden name				Major findings of operations.		
			, Maryland	Date of op.		
16. Informant			Lingg	Antopsy results		
Address			Maryland	22. VIOLENCE: If death was due to external causes, till in the following:		
Buria:	L. Which?	Date there	eof 7-31-45 (month) (day) (year)	Accident, suicide, or homicide		
	Rose H	7 1 1 1 1 6	emetery	Where did injury occur?		
	gerstown		vland	Injured at home, farm, industry, public place (where?)		
	CHIS			Means of Injury Injured at work?		
18. Funeral director				- CIAX		
Address Hag	erstown,	Hary.	land	23. SIGNATURE M. D. or other		
19 July 3	0. 1945	161	KARPYZower	M. D. or other		

Registrar

RECEIVED

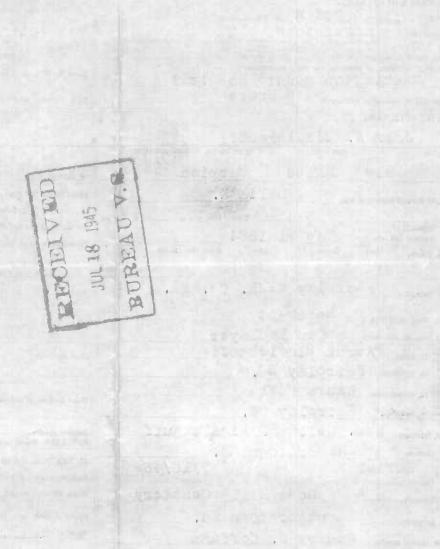
AUG 1 1945

BUREAU V.B.

JUL 6 1945
BUREAU V.E.

Me Lang





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2977

CERTIFI	CATE	OF	DEATH

1. PLACE OF DEATH ington Hagerstown

(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 29 years

Hospital, Institution, or street address where death occurred to Franklin St

How long in hospital or institution?....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland Washington Hagerstown

(If outside city or town limits, write RURAL and give nearest town) 57 W. Franklin St. (If rural give LOCATION)

20. OATE OF DEATH.....

MEDICAL CERTIFICATION

3. (b) Social Security Number

3. (a) FULL NAME

carefully. The correct arly and legibly.

information of death cles

BINDING

RESERVED

MARGIN

4. Sex

Male

10. Usual occupation...

11. Industry or business

Henry C. Monroe 6.(a) Single, married, widowed, or divorced 5. Color or race

White Married

Clara W. Monroe

8.(b) Name of husband or wife

8.(c) It alive, give age 63 Oct. 8 1878 deceased (mo., day, yr.)

Days It less than one day 8. AGE:

16 66 9. Birihplace Boonesboro Wash (Town, county, and state)

> Salesman Retired

E 12. Name Robert N. Monroe
13. Birthplace Boonesboro Mo

Boonesboro Md. 14. Malden name Sarah E. Hering

> Middletown Md. Mrs. Clara W. Monroe

Md.

(month) (day) (year)

Hagerstown Md.

Address det. 25,1945 Burial BULLAL
(Burial, cremation, or removal, Which?) Date thereot

Boohesboro Md.

Scott F. Minnich & Son Hagerstown Md. Address

(Include pregnancy within 3 months of death) Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did injury occur?(City or town)

Injured at home, farm, Industry, public place (where?) Mesas of Injury

(Date rec'd by registrar) Registrar

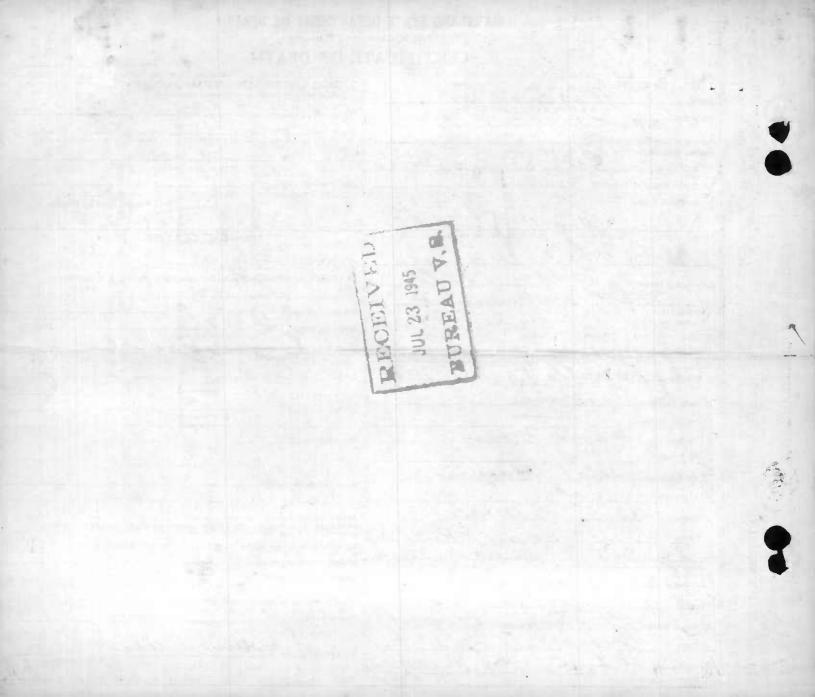
Boonesboro Luthern

SN

WRITE

PLEASE





114000

M. D. or other

		2411 N. Ch	arles St., Baltimore 921	07333
		CERTIFICA	ATE OF DEATH	Reg. Dist. No.30 Z
1. PLACE OF DEATH: County		City or town Hagerstown (If outside city or town limits, Street No. 867 Virginia (If rural, give)	write RURAL and give nearest town)	
3. (a) FULL NA	ME	Lewis Blaine Mun	dey	3.(b) Social Security Number 214 / 10 / 4211.
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married		ERTIFICATION 1945 8:30 F.
7. Birth date of deceased (mo., da 8. AGE: Ye 6	y, yr.) Nov ars Months 0 8 Washingto (Town,	hy W. Mundey S.(e) If allve, give age your service of the service	Immediate gayse of death. Immediate gayse of death. Due to	10 July 6 19 19 19 19 19 19 19 19 19 19 19 19 19
12. Name 13. Birthplace	Charles M Wash. Co	undey •• Md•	(Include pregnancy within 3 m	nonths of death)
Address 867 17	Va . Ave . 2 l 2 on, or removal, Which? atory Rose	hy undey Hagerstown, Md. Date thereof July 20m 19 (month) (day) (year) Hill Cemetery	PHYSICIAN: Plesse nnderline the cause to whi 22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	

Means of Injury

Registrar

PLEASE WRITE VS A15

age

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly

important.

PLAINLY, V is especially

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

RECEIVED JUL 21 1845 JUL 21 1845

MARYLAND STATE DEPARTMENT OF HEALTH

	CERTIFICA	TE OF DEATH	Reg. Dist. No	× 2
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) ((For oewborn infants give residence of	OF DECEASED:	
Horardio	AM			
(If ontside city or tow	on limits, write RURAL and give nearest town)	State Maryland Government Hagers town	WH!J	***************************************
low tong in above place of death?	50 years	(If outside city or town limit	ts, write RURAL and give near	rest town)
Hospital, Institution, or street address wh	ere death occurred: Erry	Street No. 600 N. Mulb	erry	
		Non	e LOCATION) LE	
How long in hospital or institution?		. 2.(a) It veteran, name war	10/100 110 111	
	A If Water among		3. (b) Social Security I	Number
4. Sex 5. Color or race	Annie M. Newcomer 6.(a) Single, married, widowed, or divorced	1		
Female White			ERTIFICATION	6.45 n
		20. DATE DF DEATH July	18 145	, ac., p
1D. Usual occupation No. 11. Industry or business David No. 12. Name David No. 13. Birthplace Near Sm. 14. Molden same Barbar	None woomer ithsburg Md. a A. Shank		monthe of death)	
Near Sm	I theburg Mu.	_		
	D. MAMCOWET.	Autepsy results	which death should be charged	statisticatly.
18. Informant Hagenstow	n Md.	PHYSICIAN: Please underline the cause to w		
Address Hagers+ow Regers+ow Regers+ow Regers+ow Leite Cemetery or crematory.	Date thereof (month) (day) (year) rsburg Luthern Cemete	PHYSICIAN: Please underline the cause to w 22. VIOLENCE: If death was due to externat ca Accident, suicide, or homicide	uses, fill in the following; Date of (County)	(State)
Address Hagers + OW Address Hagers + OW Burial (Burial, cremation, or removal. Whi Cemetery or crematory Leitersb	Date thereof (month) (day) (year) rsburg Luthern Cemete urg Md.	22. VIOLENCE: If death was due to externat ca Accident, suicide, or homicide	Date of	(State)
Hagers + OW Address Hagers + OW Burial (Burial, cremation, or removal. White Cemetery or crematory. Leiters because Location Scott F 18. Funerat director.	July 22.1945 chi) rsburg Luthern Cemete urg Md. Minnich & Son	22. VIOLENCE: If death was due to externat ca Accident, suicide, or homicide	uses, fill in the following; Date of (County)	(State)
Address Hagers + OW Address Hagers + OW Burial (Burial, cremation, or removal. Whi Cemetery or crematory Leiters b Location Leiters b	July 22.1945 chi) rsburg Luthern Cemete urg Md. Minnich & Son	22. VIOLENCE: If death was due to externat ca Accident, suicide, or homicide	Date of	(State)
Hagers to W Address Hagers to W Burial (Burial, cremation, or removal. Whi Leite Location Leitersb Scott F 18. Funerat director Hagers to W	July 22.1945 chi) rsburg Luthern Cemete urg Md. Minnich & Son	22. VIOLENCE: If death was due to externat ca Accident, suicide, or homicide	(County) where?)	(State)

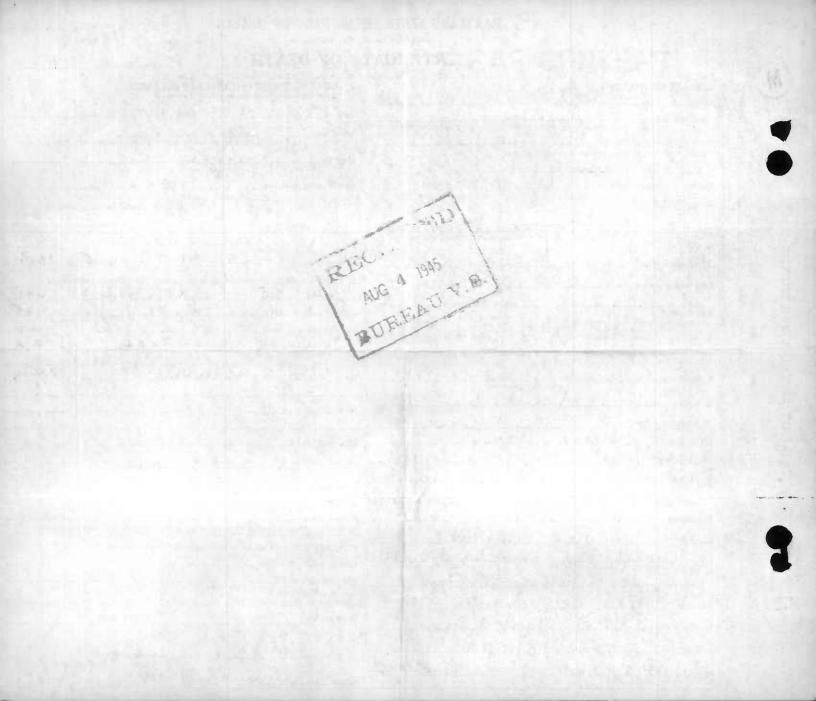
MARGIN RESERVED FOR BINDING

RECEIVED
JUL 24 1945
BUREAU V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 934 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) (If outsifie city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If Fural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number FOR BINDING B.(b) Name of husband or wife. deceased (mo., day, yr.) 8. AGE: MARGIN RESERVED 11. Industry or business important. 13. Birthniace (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide... Where did injury occur?(City or town) WRITE (County) injured at home, farm, Industry, public place (where?) A15 Date signed. (Date rec'd



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 305 The collegibly. 1. PLACE OF DEATH: O' 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother LICIA a language (If outside city of town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and How long in above place of death?..... Hospital, lostitution, or street address where death occurred: (If reval, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING causes item of 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 45 to 7. Birth date of deceased (mo., day, yr.) Supply dease wri DURATION If less than one day Months 8. AGE: Physicians: ADING 10. Usual occupation..... 11. Industry or business UNF important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace Major findings of operations..... especially 1B. Informant PHYSICIAN: Flease underline the cause to which death should be charged statistically. Address 22. VIOLENCE: It death was due to external causes, fill in the following: Oate thereof August 3, 1995 Accident, suicide, or homicide..... Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury PLEASE 18. Funeral director Address M. D. or other Date signed



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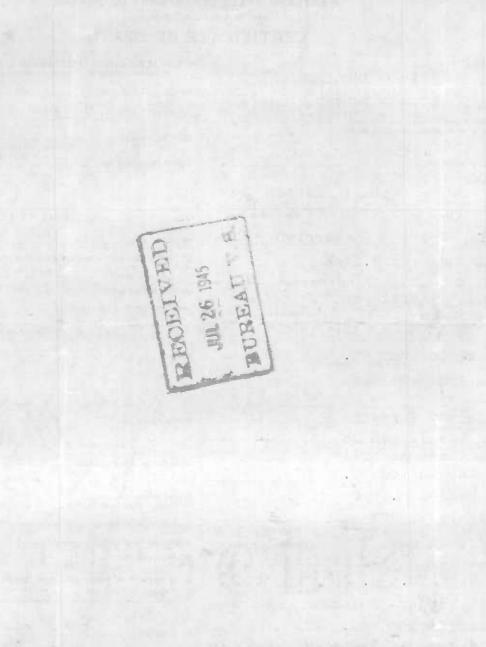
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 124

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 303
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Big Pool Rural (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3.(a) FULL NAME Cethel Esther Peck	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. July 22 19 45 at 11; 05A
8.(b) Name of husband or wife aniel R. Peck 7. Birth date of deceased (mo., day, yr.) April 8 1895 8. AGE: Years Months Days If less than one day 50 3 14 hrs. min. 9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that attended deceased from 28 19 2 10 19 2 19 2 19 2 19 2 19 2 19 2 1
16. Informant Daniel R. Peck Address Big Pool Rural 17. Surial Date thereof July 25 1945 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Tonoloway Baptist Location Fulton Co. Pa. (Near Hancock) 18. Funerat director Snyder-Rowland Address Clear spring, Md. 19 Levy 3 1845 Pool W. Mulliant Registrar	Autopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE. M. D. or other Address. Address. Date signed



CERTIFICATE OF DEATH

Reg. Dist. No. 302

S >	1. PLACE OF DEATH:) \	2. USUAL RESIDENCE (HOME) OF DECEASED:
The	County A. J. L. L. Shanalon	(For newborn infants give residence of mother)
	City or town Degenstarium	State Complete County Complete County Complete County Complete County Complete County
lg A	(If outside city or town limits, write RURAL and give nearest town)	City or town. The gerst Tues
an	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
ion carefully.		Street No. Lat D // DVLOLLONA
ea	J-JO // NONCOLINE	(If reral, give LOCATION)
ior	How long in hospital or institution?	2.(a) If veteran, name war.
information of death cle	3. (a) FULL NAME	3. (b) Social Security Number
de	Laura Prost.	N - 10
of	4. Sex / 5. Color or race 6.(a) Single, married, widowed, or divorced	140742
of i	4 0 0 0 1 1 1	MEDICAL CERTIFICATION
em of	Jemale Gol Wedorle	20 Parte DF DEATH
ca		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
y i	6.(b) Name of husband or wife	18/15 10 18/15 10 10 17 18 48
every ite the		
rit	7. Birth date of deceased (mo., day, yr.) = 1867	and that last saw h
Supply lease wr	8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
up	7 🗴	mymic was Cardity
lea	hrs, min.	neplinates
. р]	9. Birthplace + arres - stoura / a	Due to.
G INK	(Town, connty, and state)	Wy ruo I was
27:23	fD. Usual occupation.	
ADING	11. industry or business	Due 10
P.H.		
E .	# 12. Name	Other conditions
UNF	13. Birthplace	(Include pregnancy within 3 months of death)
	## 14. Maiden nameO	(Include pregnancy within 8 months of death)
VITH	15. Birthplace	Major findings of operations
	2 15. Birinplace	
Y, 11y	16. Informant Halle Maddison	Autopsy results
IL cia	Address 24h V. Son othon Sta	PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY, is especially	O C C C C C C C C C C C C C C C C C C C	22. VIOLENCE: If death was due to external causes, fill in the following:
LA	(Burial, cremation, or removal, Which?) Dale thereof	Accident, suicide, or homicide
Is Is	10 a Q: 00 P J T	
TE	Cemetery or crematory	Where did injury occur?
WRIT	Location Hagerstones ()	Injured at home, farm, Industry, public place (where?)
A	10100in 1.00m	Means of Injury Injured at work?
S 田	18. Funeral director	1
V	Address, 27 trederiah ST. C	1. Va billellan
PLE	leade ash up the allenger	23. SIGNATURE VICTOR D. MILLER. M. D. Ar other
Pi	Date rec'dov registrar	131 W. WASHINGTON, ST.
	Registrar	Address 131 W. WASHINGTON, Date signed

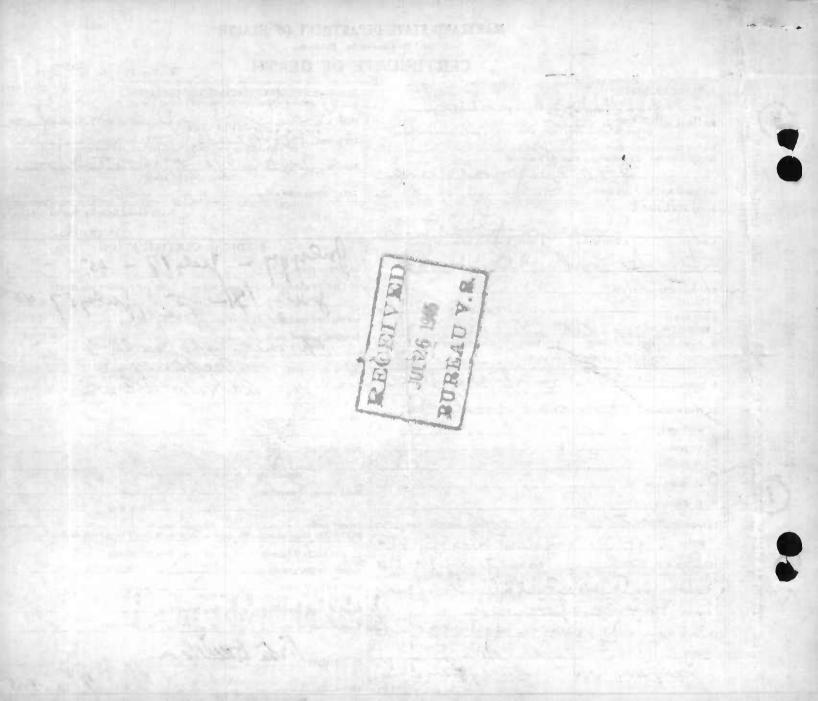
Registrar Address 131 W. WASHINGTON, ST.

VS A15

PLEASE

MARGIN RESERVED FOR BINDING

The correct age



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-2

CERTIFICAT	TE OF DEATH Reg. Dist. No. 392
1. PLACE OF DEATH: County Washington Hagerstown City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 Weeks Hospilal, institution, or street address where death occurred: Washington County Hospital How long in hospital or institution? 3 weeks	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) Slate Penna. County Franklin City or town. State Line (If outside city or town limits, write RURAL and give nearest town) Street No. Main St. (If rural, give LOCATION) 2.(a) If veleran, name war. None
3.(a) FULL NAME Frederick Hagerman Renner	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
8,(6) Name of husband or wife Melchors 6,(c) If alive, give age 49 years 7. Sirth date of deceased (mo., day, yr.) August 5 1890 8. AGE: Years Months Days If less than one day	21. I CENTIFY mar dearn occurred on the date above stated; the first part of the last saw factors alive on fully 28, 19.45. Immediate cause of death
9. Sirthplace	Bue to Crtino - Schools Bue to Crtino - Schools
12. Name Lewis Renner 13. Birthplace Clearsprings Md. 14. Maiden name Barbara Hagerman 15. Birthplace Hagerstown Md. 16. Informant Mrs. Melchora Renner	Other condilions Dances Comments of Carlot Comments of Carlot Car
Address Greencastle Pa. R.F.D. 17 Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. St; Pauls Cemetery	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
near Clearsprings Md. 18. Funeral director. Andrew K. Coffman Address Hagerstown Md. 19. July 30 18.45 Charff Bruss 9 19. Glate rec'd by registrary 18.	Meaos of Injury 1 Injured at work? 23. SIGNATURE Address 1 4441450000000000000000000000000000000

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS A15

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING



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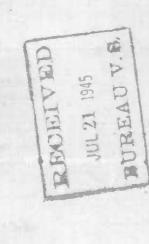
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CEDTIFICATE OF DEATH

2411 N. Charlea St., Baltimore			
CERTIFICA	TE OF DEATH Reg. Diat. No	502	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State. Haryland County Washingto (If outside city or town limits, write RURAL and give 525 South Potomac Street (If rural, give LOCATION)	neareat town)	
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Anna M. Sager	3. (b) Social Securi	ty Number	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	2D. DATE OF DEATH July 18, 1945 19	at 12 A. M	
6.(b) Name of husband or wife John W. Sager	21. I CERTIFY that death occurred on the date above stated; that I attended d	eceased from	
7. Birth date of Sont on how 10 1001	and that I last saw h.er alive on July 17	19.45	
deceased (mo., day, yr.) September 10, 1001	Immediate cause of death		
8. AGE: Years Months Days If less than one day			
Harper Ferry, W. Va.	Bue to. Chronic myocarditis with		
9. Birihplace(Town, county, and state)	congestive failure		
10. Usual occupation Housewife			
11. Industry or business	chronic neohritis with hyperte	naion Inde	
12. Name Bellj, F. Medlar 13. Sirthplace Harpers Ferry, W. Va.	mexican Diabetes Mellitus	Indef.	
13. Sirthplace Harpers Ferry, W. Va.	Chronic cholecystitis Chronic cholecystitis	Indef	
14. Malden name. Fanny Hardie	Major findings of operations	2 weeks	
15. Birthplace Harpers Ferry, W. Va.	major nadings of operations		
John W. Sager	Antoney results	************************	
Address Hagerstown, Maryland	PHYSICIAN: Please underline the cause to which death should be charge	ged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Burial Date thereof 7-20-45 (Burial, cremntion, or removal, Which?) Rose Hill Cemetery	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location Hagerstown, Maryland			
18. Funeral director C. M. Suter & Sons	Means of Injury Injured at work?		
Address Hagerstown, Maryland	B-311.	2	
10 11- by the	23. SIGNATURE	D. or other	
19. Charter of by registrar) 19 4 6 Plastitionel	ar Address 148 W. Washington St. Date sign	red 7/18/45	

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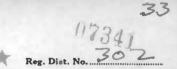


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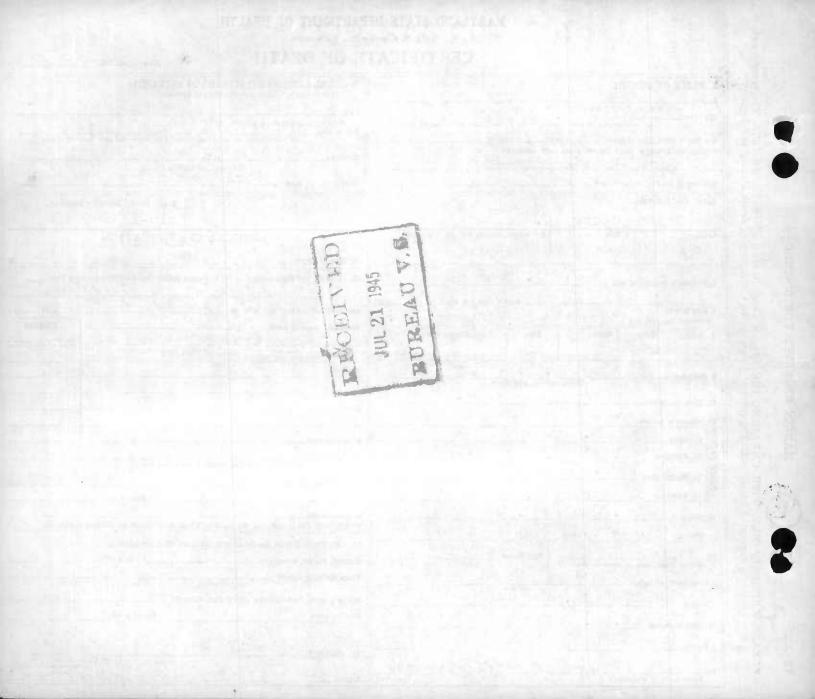
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICA	TE OF DEATH Reg. Dist. No. 30 2
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Washington	(For newborn infants give residence of mother) State Waryland County Washington
City or town Hagerstown limits, write RURAL and give nearest town)	「「「生物を食べる」のは、食品を食べる。 「食べん はんしゅう かんしょう はんしゅう はんしゅん はんしゃ はんしゃん はんしゃ
How long in above place of death? 25 years	(If outside city or town limits, write RURAL and give nearest town)
Nospital, Institution, or street address where death occurred:	Street No. 602 North Potomac Street
602 North Potomac Street	(If rural, give LOCATION) 2.(a) If veteran, name war World war #1
How tong In hospitat or Institution?	2.(c) If veteran, name war. WOTIO WAL #1
3. (a) FULL NAME	3. (b) Social Security Number
George W. Seaman	216-14-6899
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH 7/45 18
6.(b) Name of husbapd or wife Doris P. Seaman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0.(0) Name of nusbago or wife	
7. Birth date of 2005	and that I last saw h
deceased (mo., day, yr.) November 27, 1895	Immediate cause of death
8. AGE: Years Months Days If less than one day	Francisco 600
i a la l	0.
9. Birihplace	Due to
Dot i mod a compost on	
10. Usuat occupation Rectred Carpenter	Due to
11. Industry or business	
12. Name John H. Seaman 13. Birthplace Sharpsburg, Maryland	Diher conditions
13. Birthplace Sharpsburg, Maryland	(Include pregnancy within 3 months of death)
E 14. Maiden name Virginia S. Seibert	
14. Maiden name Virginia S. Seibert 15. Birthplace Clearspring, Maryland 16. Informant Mrs. George W. Seaman	Major findings of operations. Date of op.
18 Informati Mrs. George W. Seaman	Autussy results.
Address Hagerstown, Maryland	PHYSICIAN: Ptease underline the cause tu which death should be charged statistically.
	22. VtOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal. Which?) Bate thereof 7-20-45 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory National Cemetery	Where did injury occur?
Location Sharpsburg, Maryland	tniured at home, farm, industry, public place (where?)
	Means of injury / injured at work?
18. Funeral director C. M. Suter & Sons	18 111 1.0
Address Hagerstown, Maryland	23. SIGNATURE SEED Burn 9 M2
19. July 19 18 45 Blasft Bowers,	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) 18. 4. 5 Starff Fowers, Registra	Address Date signed Journal



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore /3/2 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: Washington (For newborn infants give residence of mother) Washington How long in above place of death? 49 Vears Hospital, Institution, or streel address where death occurred: 401 Liberty St. 401 Liberty St. (If rural, give LOCATION) How long in hospital or institution? 49 years 3. (b) Social Security Number Nellie M. Sellers 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION white married July 1 19.45 at 2:15p M Ralph E. Sellers 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from .6.(c) It alive, give age 50 years August 17. 1895 DURATION It less than one day Months 14 10 9. Birthplace.... Hagerstown Washington Md. (Town, county, and state) housewife home 12 Name Kelly Garlock Hagerstown, Md (Include regnancy within 3 months of death) Catherine Strock Hagerstown, Md. 18. Informant Ralph E. Sellers PHYSICIAN: Please underline the cause to which death should be charged statistically. Hagerstown, Md. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; 17 Burial (Burial, cremation, or removal, Which?) Date thereof July 4, 19 (month) (day) (year) Accident, suicide, or homicide..... Cemetery or crematory Rose Hill Cemetery Where did injury occur? Hagerstown, Md. Injured at home, farm, Industry, public place (where?) Means of Injury 18. Funeral director Scott F. Minnich & Son Hagerstown, Md. 23. SIGNATURE M. D. or other

correct information of death cles BINDING FOR ARGIN RESERVED

1. PLACE OF DEATH:

3. (a) FULL NAME

female

deceased (mo., day, yr.)

10. Usual occupation....

11. Industry or business

14. Maiden nai 15. Birthplace

Address

Years

4.9

7. Dirth date of

8. AGE:

JUL 6 1945
BUREAU V.S.

DURATION

(State)

RECELVED

AUG 4 1945

BUREAU V.S.



Waynesboro, Pa. C. M. Suter & Sons Hagerstown, Maryland

Cemetery or crematory Green Hill Cemetery

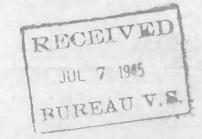
Date thereof.....

7-6-45

(month) (day) (year)

17. Burial (Burial, cremation, or removal. Which?)

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur?, City or town Injured at home, farm, industry, public place (where?) Maana of Injury Injured at work? M. D. or other



Date thereof Que / 9-45 (modth) (day) (year)

Registrar

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

no

Τ	TE OF DEATH Reg. Dist. No.	305
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	0
	State maryland county most	60
	City or town. (If outside city or town limits, write RURAL and give	e nearest town)
	Sireet No	
.	. 2.(α) If veteran, name war	
	3. (b) Social Secur	rity Number
)		
	MEDICAL CERTIFICATION	- 45
-		, al distri
	21. I CERTIFY that death occurred on the date above stated; that I attended	deceased from
8	s and that I last saw h. Last alive on July 28-4	5
=	Immediate cause of death Lubarculosis.	DURATION
	Po	
-	Tolenoyary toleralo	a pro
	Due to	
	Due to.	***************************************
	504 to	
	Other conditions	***************************************
-	(Include pregnancy within 3 months of death)	
-	Major findings of operations.	·
-	Date of op	*************************
	Antopsy results	ged statistically.
-	22. VIOLENCE: If death was due to external causes, fill in the following;	
	Accident, suicide, or homicide	
	Where did injury occur?(City or town) (County)	(State)
	Injured at home, farm, Industry, public place (where?)	
	Means of injury Injured at work?	
	23. SIGNATURE Nokeet 1. Com	ad, ug.D
	Address Hagers lowy, My Date sign	ned/-/4-73

important.

PLAINLY, V

WRITE

PLEASE

10. Usual occupation. 11. Industry or business

13. Birthplace

15. Birthplace

Cemetery or crematory.

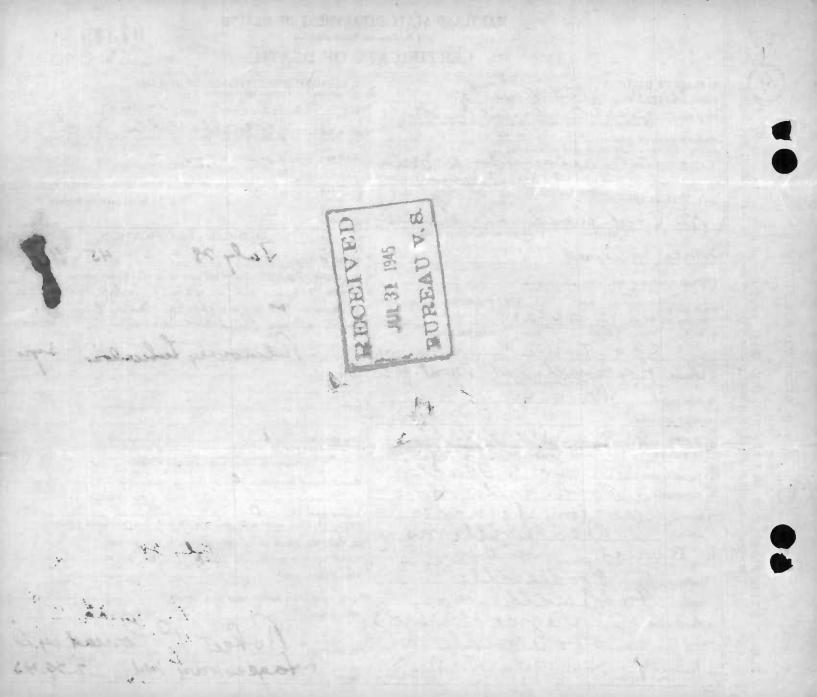
Date ree'd by registrar)

18. Funeral director

Address

Buriel (Burial, cremation, or removal, Which?)

16. Informant Address



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-9

CERTIFICATE OF DEATH

117346 24 t. No. 302

	OBITITION	Reg. Dist. No.	****
City or town. Har exstown. (If outside city or town is the work of the work o	y Home	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Sireet No. Washington County Home (If rural, give LOCATION) 2.(a) 11 veleran, name war. 3. (b) Social Security Number	
Female White	Single	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. 73.	2
6.(b) Name of husband or wife	6.(c) I1 allye, give ageyea	21. I ORRITIFY that death occurred on the date above stated; that I attended deceased from 19. 45 to 9. 19. 45 and that I last saw h. 22. Ave on 9. 19. 5 Immediate cause of death 9. 19. 47	41
8. AGE: Years Months	Days tf less than one day	Immediate cause of death	UM
9. Birthplace Hagerstown. 10. Usual occupation At Hom 11. Industry or business 12. Name Charles A. 13. Birthplace Williams 14. Maiden name Fanny B. 15. Birthplace Williams 16. Interment Lesher Si	Sites Sport, Maryland	Due to	no
15. Birihplace Williams	sport, Maryland	Major findings of operations	
Address Harrisburg,	Pa. Date thereol 7-16-45 (month) (day) (year)	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, filt in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)	
Hagerstown, 18. Funeral director. C. M. Su	Mary Land	Injured at home, farm, Industry, public place (where?)	••••••
Address Hagerstown,	Maryland	a significant of the state of t	
19. Auly / 6 19 45	Chart Howers Registra	23. SIGNATURE M. D. or other Address 10 garden M. D. ar other	4,

Registrar Address 109 41



2411 N. Charles St., Baltimore (159)

07347

			CERTIFICAT	TE OF	DEATH		Reg. Dist. No	30 2
1. PLACE OF DEATH: County Washington City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Washington County Hospital Now long in hospital or institution?				State	Hagers to (If outside city or 2 3 Bro	count town limits,	write RURAL and give no	
3. (a) FULL N		d Chi	ld of Max Snow	len			3. (b) Social Security None	Number
4. Sex	5. Color or race		e, married, widowed, or divorced		MEDI	CAL CE	RTIFICATION	4
Male	Negro	Pre	mature		F DEATH July	31	.45	5:45a
	1 0 5 - 0	1 - 20						
B.(b) Name of hush	band or wife		***************************************				stated; that I attended dec	
		6.(c) If alive, give ageyears					
7. Birth date of deceased (mo., t	day, yr.) Pren	ature			0			-
	Years Months	Days	It less than one day	Immediate	canse of death	water	ety	DURATION
	3		3 hrs. 40 min.	***************************************				
10. Usual occupat	None None	county, and	sh. Md.	Due to				
11. industry or but	Max Snowde				******************************		202000000000000000000000000000000000000	***
E 12. Wallie	Hogomoto		Md.	Dther condi	itions		***************************************	
Alice Monroe				(Include pregnanc	y within 3 mg	onths of death)		
HI 14. Maiden n 15. Birthplace	ameALICE N			Major findi	ings of operations			
			W. Va.					
16. Interment	Max. Snowd	len			esults		***************************************	
Address	Hagerstow	m M	d.	PHYSICIA	N: Please underline the	canse to which	th death should he charges	d statistically.
Buri 17. (Burial, crema	all		eof Aug 1,1945 (month) (day) (year)	Accident, s	ENCE: If death was due to suicide, or homicide,		Date of	(State)
Location	Hagerstow	m M	d.				re?)	***************************************
	Scott F.			Maens of In			Injured at work?	
18. Funeral direct	Hagerstow	m M	id.		0. +	Mas	strate 9. W	0
19. July	3 1 19 4 5 by registrar)	- 4	Kasff Bowers	23. SIGNAT	14 h l stoma	~4/	M. D. Date signed	or other >-31- 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECHIVED

AUG 2 1945

BUREAU V.R.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

117348 Reg. Dist. No. 363

1. PLACE OF DEATH: County Coun	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town B1g P001 Rural (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Washington		
How long in above place of death?			
Potomac River near Ernstville	Street No. Route 40 (If raral, give LOCATION)		
How long In hospital or institution?	2.(a) It veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
	pade None		
4. Sex 5. Color or race 6.(a) Ingle, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE OF BEATH July 8 1945 at 4 P.		
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of April 23, 1932	and that I last saw halive on		
B. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
13 2 15 hrs.			
	Bue to.		
9. Birthplace Fulton County, Pa. (Town, county, and state)	Due to.		
10. Usual occupation School Student	priving		
	Bue to.		
11. Industry or business			
12. Name Earl Spade	Dther conditions		
13. Birthplace Emmaville, Pa.	(Include pregnancy within 8 months of death)		
14. Malden name Ina Clark	Major findings of operations. NO		
14. Maiden name Ina Clark 15. Birthplace Bedford County, Pa.	Date of op.		
16. Informant Earl Spade	Autopay results. No		
Address Big Poold. R F D	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	194 522. VIOLENCE: It death was due to external causes, fill in the tollowing;		
Burial Burial (Burial, cremation, or removal, Which?) Bate thereot July 11, 11 (month) (day) (year)	Accident, suicide, or homicide. Oscileut Date of July 3-4		
Cemetery or crematory Rose Fill Cemetery	Where did injury occur? land Vocal Waller was		
Location Clear Spring, Md.	Walana A A A A A A A		
	Injured at home, tarm, industry, public placs (where?)		
18. Funeral director Snyder-Rowland Funeral nor	me. Means of Must ading and Step man provided and		
Address Clear Spring Md.	SIP. C. & LIS. OO DEPUTY MEDICAL EXAM		
O. Person us Coally Many	23. SIGNATURE RULES WELLS WASH. CO., M.B.		
11 Day 19. 40 Mily W. Hull	Marca Ten had with a u		

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and logibly

The correct age

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Spring,

Clear

Address

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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23. SIGNATURE Moles Y Wells

Address......

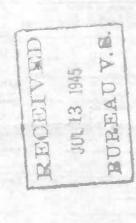
1203

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WASH. CO., MD.

ODK I I I C	ALL OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME (For newborn infants give residen	E) OF DECEASED:
City or town Big Pool Rural (If outside city or town limits, write RURAL and give nesrest town)	state Maryland	l county Washington
How long in above place of death? 2 VESTS Hospital, institution, or street address where death occurred:		l, Md. Rural limits, write RURAL and give nearest town)
Potomac River near Ernstville	(If rural,	, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Raymond Charle	o Apade	3.(b) Social Security Number None
4. Sex Single White Single Single		ely 1975 of P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the da	te above styled; that I attended deceased from
6.(c) If alive, give age		19
7. 8irth date of June 5, 1930 deceased (mo., day, yr.)	and that I last saw halive on	19
8. AGE: Years Months Days If less than one day 15 3		
9. Birthplace Bedford County Pa. (Town, county, and atate)		anino
10. Usual occupation School Student 11. Industry or business	Due to.	<i>f</i>
Earl Spade		
13. Birthplace Emmaville, Pa	Other conditions	
14. Malden name. Ina Clark 15. Birthplace Bedford County, Pa	(Include pregnancy with	in 3 months of death)
15. Birthplace Bedford County, Pa-		
16. Interment Earl Spade	Autopsy results	Date of op.
Address Big Fool, Md. R F D		to which death should be charged statistically.
17. Burial Date thereof (month) (day) (yeer)	When did labor sound Big For	edeul- Date of File 8.7
Cemetery or crematory Rose Till Cemetery	City of to	D //
Clear Spring, Ad.	Injured at home, farm, industry, public place	
18 Fuggral director Snyder-Rowland Funeral Ho	me Mean wathfulung & step	yed Wholed worth eap well

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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

07350

CERTIFICATE OF DEATH

A	1656
1	302
Reg Dist No	

1. Place of Death: County			Street No. 138 East	e of mother) Washing	ive nearest town)
3. (a) FULL NAME				3. (b) Social Sec	urity Number
	Samuel	C. Spielman		None	
4. Sex 5. Color or race		ile, married, widowed, or divorced	MEDICAL.	CERTIFICATION	V
Male Whit	e Wi	howed	20. DATE OF DEATH July		
		17.00			
6.(b) Name of husband or wife	a phren	.Man	21. I CERTIFY that death occurred on the date	e above stated; that I attende	ed deceased from
•••••	6.	(c) If alive, give ageyears	6-148	.19	
7. 8irth date of deceased (mo., day, yr.) Dec	. 5, 18	157	and that I last saw halive on		19
8. AGE: Years Monthe	Days	If less than one day	Immediate cause of death	••••••••••••	DURATION
87 7	26		Che. More	15	
9. Birthpiaca Fiddler	obung	Wash. Md'.			17
			Due to.	hum	
10. Usual occupation Reti	red	***************************************	Buoto		
	ool Tea		900 10	, , . , . ,	***************************************
	ah Spie		Other conditions 2		
Hezehi 12. Name Hezehi 3. 8irthplace Fkddle	rsburg	Md.		n 3 months of death)	
置 14. Malden name Eliz	ebeth W	altemyer	(Include pregnant within	n 3 months of death)	
	stown		Major findings of operations		
21 15. 8irthplace				Date of op.	
16. Informant Miss Mar			Antopsy results		
Address Hagerstow	n Md.		PHYSICIAN: Please underline the cause to		
Burial (Burial, cremation, or removal. Wi	Date the	reof Aug 2, 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide		
Cemetery or crematory Rose Hill			Where did injury occur?(City or tow	(0	
Location Hagerstown Md.			Injured at home, tarm, Industry, public place		
18. Funeral director. Scott	F. Minn	ich & Soh	Meane of injury	Injured at work	
To ma matayers 1/d			01	A. X	
Address Hagers to		6. 160	23. SIGNATURE	Julia)	
19. Que de 19. 4. (Date registrar)	5 01	Registrar	Addraes House	1	M. D. or other



2411 N. Charles St., Baltimore

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CERTIFICAL	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Washington City or town Hagenstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? 28 years Hospital, institution, or street address where dealh occurred: 801 Cak Hill Avenue How long in hospitat or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Raryland County Washington City or town Harratown (If outside city or town limits, write RURAL and give nearest town) Slreet No. 801 Oak hill venue (If rural, give LOCATION) 2.(a) If veteran, name war Spanish American War
3.(a) FULL NAME Clarence E. Steele	3.(b) Social Security Number 217-10-3045
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married Married	MEDICAL CERTIFICATION 20. DATE DE DEATH
6.(b) Name of husband or wife Laude A. Steele 6.(c) If alive, give age years 7. Birth dale of deceased (mo., day, yr.) Dec. 3, 1875	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 44
8. AGE: Years Months Days If less than one day 69 7 14 min.	Immediate cause of death
9. Birthplace Riceville, Iowa (Town, county, and state) 10. Usual occupation Y. N. C. A. Secretary 11. industry or business 12. Name Joseph Steele 13. Birthplace Iowa	Due to. Coronary Occlusion 1934 Coronary Occlusion 6/194 Bue to 6/194 Congestine Heart failure 3 helps Biher conditions Pulmanay Radine 4days (Include pregnancy within 8 months of death)
14. Maiden name Sarah Simmons I owa I owa	(Include pregnancy within 3 months of death) Major findings of operations
16. informant	22. VIOLENCE: If death was due to external causes, fill in the following:

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED

PLEASE

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2411 N. Charles St., Baltimore 93-2

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CERTIFICA	ATE OF DEATH Reg. Diat. No	
1. PLACE OF DEATH: County, The Advance of City or town imits, write RURAL and give neurest town) How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?	State Marshand County Washington City or fown Hazerstown	rest town)
3. (a) FULL NAME Emmest 17 To	3. (b) Social Security P	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2 White Widowed	MEDICAL CERTIFICATION July 16 1945 19	2:15P
8.(b) Name of husband or wife Rassay Way 1. Birth date of		16/45
deceased (mo., day, yr.) Sefet 5 1874 8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
70 10 11hrs	ta. Chr. myocarditis	4 1R3
9. Birthpiace Frederick Co. Md. (Town, county, and state) 10. Usual occupation. Returned Frammer	vascular hypertension Due to Coronary arteriosclerosis	5 yrs
11. Industry or business 12. Name Frederick Co. Phyd	Other conditions	3 0.
14. Maiden name any Schindel 15. Birthplace Washington Co. Md.	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Address 31 E - Dr vin QUE	PHYSICIAN: Plesse nuderline the cause to which death should be charged a 22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial, cremation, or removal. Which?) Cemetery or crematory. Put Haven Cemutery	Accident, suicide, or homicide	(State)
Location Hagerstown Md. 18. Funeral director L. F. Reecher	Injured at home, farm, Industry, public place (where?)	1
Address Funkstown, Md. 19. Andy 17 19. 45 Chast Bowers Registra	23. SIGNATURE Y CKOKUO Wells Ingerstown, Md. M. Do	U.D.

RECEIVED 10 10 TO BUREAU RECEIVED
JUL 14 1945
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 42. correct CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: on carefully. The celearly and legibly (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, was RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) information How long in hospital or institution? death 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING 20. DATE OF DEATH..... 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from .6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) DURATION if less than one day 8. AGE: S. Birthplace .. M. Q. (Town, county, and state) to. Usual occupation.... ADIN (Include pregnancy within 3 months of death) Major findings of operations..... especially PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (Burial, cremation, or removal, Which?) (month) (day) (year) Where did injury occur? (City or town) injured at home, farm, industry, public place (where?) Means of Injury Injured at work? PLEASE Address 23. SIGNATURE ate recki by registrar)



2411 N. Charles St., Baltimore Bio

CERTIFICATE OF DEATH

302 Reg. Diat. No.... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Washington Maryland Washington (If outside city or town limits, write RURAL and give nearest town) Hagerstown Weeks How long in above place of death?... (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: Street No. 327 North Mulberry St. Washington County Hospital (If rural, give LOCATION) ll Weeks None Now long in hospital or institution? 2.(a) If veteran, name war

69 years

.B.(c) If alive, give age

3. (a) FULL NAME

information of death cler

tem of

Supply ease wri

'ADING INK Physicians:

important.

PLAINLY, Is especially

WRITE

VS A15

MARGIN RESERVED FOR BINDING

Charles Vernon Yessler 6.(a) Single, married, widowed, or divorced 4. Sex

White Married Male

Anna Hart 6.(b) Name of husband or wite.....

7. Birth date of 5 1877 Junee deceased (mo., day, yr.) Days It less than one day 8. AGE: Years

68 22hrs.

Chewsville wash. Co. Md. 9. Birthplace.... (Town, county, and state) Clerk 10. Usual occupation...

Shoe Repair Shop 11. Industry or business 12 Name Samuel Yessler Chewsville Md.

Elizabeth Bowers 14. Malden pame.... 15. Birthplace Chewsville wd.

Mrs. Anna H. Yessler

Hagesrtwon Md. Address Burial (Burial, cremation, or removal, Which?) (month) (day) (year)

Bethel Cemeterv Cemetery or crematory Chewsville Md.

(Date r c'd hy registrar)

Andrew K. Coffman

Hagerstown Md. Address

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw hard a live on ...

Chronic glomerular nephritis

Major findings of operations

Accident, suicide, or homicide......

Chr. Myocarditis Vascular hypertension

coronary occlusion

(Include pregnance) within 3 months of death)

PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to externel causes, till in the following:

Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?)

Injured at work?

(County)

23. SIGNATURE

Registrar

Date signed. 7.

3. (b) Social Security Number 214-09-8469 MEDICAL CERTIFICATION

20 DATE OF BEATH July 27 1945 19 3.30

141 July 27

DURATION

